

# **Quality workbook for physical activity and wellbeing industry**

Case – Physical activity pharmacy

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<p>According to national recommendations for physical activity 90 per cent of the Finnish population do not exercise enough. The need to engage people who are insufficiently active is urgent because treating physical inactivity and sedentary lifestyle is costly to the society.</p> <p>MOTION! project aims to create new models for fitness and wellbeing businesses in the Päijät-Häme region. One of MOTION! project's subprojects is to develop an online innovation platform called physical activity pharmacy. Physical activity pharmacy is an online toolbox that matches healthcare and physical activity professionals with physical activity and wellbeing service providers.</p> <p>The goal of this product-oriented thesis is to develop content for the physical activity pharmacy's quality workbook. The quality workbook will determine the eligibility of potential physical activity pharmacy service providers. The workbook implements an interactive, solution-centred approach the service providers are able to utilize when evaluating the quality of their service processes. The workbook also introduces service design tools that the service providers are able use in developing their services.</p> <p>The thesis project was implemented between September and December 2013. Research was conducted for the purpose of the thesis by using customer journey method and qualitative content analysis of previously acquired interview tapes. The research aimed to examine the needs of the physically inactive and insufficiently active target group.</p> <p>The thesis research found that physical activity is a sensitive issue for the target group and it often links to bad experiences in the past and time management issues in the present. In order to engage the target group there is a need for an external source of motivation such as a friend or a physical activity counsellor. Relatability, credibility, flexibility and a holistic approach that encompasses the individual's lifestyle as a whole are valued qualities for physical activity professionals.</p>	
<b>Keywords</b> service quality, service design, workbook, physical activity	

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# 1 Introduction

Physical inactivity and sedentary lifestyle cause over 3.2 million deaths worldwide every year. In a global scale over 30 % of people over 15 years of age do not meet the World Health Organisation recommendations for physical activity. (Hallal et al. 2012, 247.)

Physical inactivity is a prominent, growing pandemic that accounts as the fourth biggest reason for mortality in the world (Kohl 3rd et al. 2012, 294). There has not been a significant increase in the amount of physical activity world-wide despite of international and national campaigns to tackle the issue (Arora, Stoner & Arora 2006, 199). In Finland 90 % of the population do not exercise enough to meet the national recommendations for physical activity (Helakorpi, Holstila, Virtanen & Uutela 2011, 19).

Municipal exercise groups for exercise referral clients are full at the moment in the region of Lahti. Resources are limited to increase the amount of exercise groups in Finland in general (Koivuniemi & Suutari 2010, 6; Päijät-Hämeen Liikunta ja Urheilu. Oct 18, 2013). One of MOTION! project's goals is to tackle this problem by launching a physical activity pharmacy where companies from private and third sectors can provide services in order to tap into the need to target services for physically inactive or physically inactive exercise referral clients.

The physical activity pharmacy is an online platform for healthcare and physical activity professionals including physical activity counsellors, physicians, doctors, nurses and therapists. These professionals are able to refer clients to physical activity service providers through this platform. The platform is accessible online for professionals that are required to log in to access the physical activity pharmacy. They are able to match service providers with the right customers based on the needs of these referral clients. Each service provider is able to provide up to three different services to the pharmacy and name areas of expertise, for example dance therapy, mental wellbeing or personal training. These categorizations guide the healthcare or physical activity professional when they are trying to determine where to refer the client.

The purpose of the physical activity pharmacy is to promote physical activity as a solution that acts as a medicine to maintain good psychological, physical and social health and help in tackling the physical inactivity epidemic in the adult population. (Päijät-Häme Wellbeing Cluster 2012, Vanhamäki, I. & Freundlich, H. 10 Sep, 2013.) In order to be accepted in the physical activity pharmacy service providers need to complete a quality workbook that challenges the companies to examine and evaluate the quality of their services. Completing the workbook leads to a quality certificate awarded by MOTION! project that confirms the company's eligibility to act as a physical activity pharmacy service provider.

The goal of the thesis project is to develop content for the quality workbook as a part of the physical activity pharmacy platform. The workbook will be used by companies in Lahti and Päijät-Häme region.

Evaluating existing research in the topics of physical inactivity and insufficient physical activity, service quality and service design, co-created customer journey and qualitative content analysis provided the foundation for the thesis. Customer journeys were created together with four physical activity pharmacy service providers and three customers belonging to the physically inactive target group. Previously recorded focus group interview tapes of a physical inactivity workshop were analysed using qualitative content analysis. Both customer journeys and focus group interview tapes were broken down and organised into themes that emerged from the content. The tapes were then analysed and interpreted using the theoretical framework of the thesis. The findings were in line with the existing research on the topic.

The thesis found that physical activity is a sensitive issue for the target group and it often links to bad experiences in the past and present time management issues. In order to engage the target group there is a need for an external source of motivation such as a friend or a physical activity counsellor. Relatability and a holistic approach that encompasses the individual's lifestyle as a whole are valued qualities for physical activity professionals.

The scope of the workbook has been defined together with the commissioning company. LADEC hoped for an interactive approach with emphasis on problem solving and evaluation of service operations. The workbook will be a concise document and it will be published both online and as a printed version. The online version will have an interactive layout that the companies are able to access also after completing the workbook. The scope of the thesis project is to produce content for the quality workbook. The layout of the workbook has been predetermined to match the layout of the physical activity pharmacy that was created by a third party advertising agency.

## **1.1 Goal and objectives**

The goal and objectives have been discussed with the Project Manager and Business Developer of the MOTION! project. The goal and objectives of the thesis were formed by the thesis author based on their suggestions and the scope of the thesis project. The goal of the thesis depicts the final outcome of the project, objectives specify the content of the goal and evaluation criteria measure the success of the goal and objectives set for the thesis.

The goal of the thesis project is to develop content for the quality workbook as a part of the physical activity pharmacy platform.

Based on the goal three objectives were formulated.

1. Physical activity pharmacy service providers will be able to evaluate the quality of their services with the help of the workbook.
2. The workbook provides service quality and service design tools to increase the perceived quality of the customer experience.
3. The workbook adapts a positive solution-centric approach that is mindful of the needs of the physically inactive and insufficiently active target group.

## **1.2 Success evaluation criteria**

The thesis goal and objectives will be measured against evaluation criteria set by the author. These criteria also evaluate the success of the thesis process as a whole.

1. The workbook will be used by LADEC as a part of the MOTION! project physical activity pharmacy's key measure on quality insurance.
2. The project examines the needs of the target group to implement a customer-centric approach in the workbook.
3. The project will be completed within the set timeframe.
4. The project achieves its goal and objectives.

## **1.3 Commissioning company introduction**

Lahti Region Development LADEC Ltd. strives to develop Lahti region as an innovative and competitive market that draws innovative new companies from environmental technology to design and leisure. LADEC also offers development services for companies which cover all business lifecycle stages. Top areas of expertise include clean-tech, design and practice-driven innovation. LADEC employs approximately 75 people and is located in the city of Lahti, Finland. LADEC is mainly owned by the City of Lahti. As part of its business description LADEC administers regional development projects such as MOTION!.

MOTION! was launched in 2011 and it will operate until June 2014. The project is being funded by the European Union European Regional Development Fund. The project aims to develop the co-operation of companies in the physical activity and wellbeing industry within public, private and third sector. MOTION! is a combination of eight subprojects that are all coordinated by LADEC. The subproject that provided the topic for this thesis is developing a physical activity pharmacy in the Päijät-Häme region.

Physical activity pharmacy is an online platform that brings together entrepreneurs in physical activity and wellbeing industry with the healthcare professionals and physical



activity counsellors who are able to find safe and suitable services for people with exercise referrals. Physical activity pharmacy promotes service providers, offers support in service design and provides tools for quality assurance for service providers that are found eligible for the pharmacy. (Lahti Region Development LADEC Ltd 2013; Päijät-Häme Wellbeing Cluster 2013; LADEC 2013.)

#### **1.4 Structure of the thesis**

This thesis has been divided into two parts. The first part consists of the theoretical framework for the thesis. Chapter 2 includes a literature review on the theoretical framework for the thesis. The framework includes understanding physically inactive target group, understanding sports participation motives, service quality, its definition and ways to measure service quality, service design as a concept and tools and design approaches that were also utilized in creating the content for the workbook.

The second part of the thesis consists of the process to create the content for the quality workbook. Chapter 3 consists of the process description of the thesis process and creating the content for the workbook. The methods that were used to generate source material and background information for the quality workbook are introduced. Chapter 3 also examines the results of the methods of co-created customer journey and focus group interview tape content analysis. Chapter 4 provides discussion on the results of the research and also evaluates the process for creating the thesis and the workbook and introduces development ideas and concluding remarks. The product can be found as Attachment 8.

## **2 Theoretical framework for the quality workbook**

This chapter presents the theoretical framework used for the thesis. The framework includes literature review on topics related to physical activity and inactivity, customer decision making process, service quality and service design.

### **2.1 Physically inactive as a target group**

The first subchapter defines the concepts of physical inactivity and reviews existing research and literature related to physically inactive people as target group and working with this target group.

Physical activity involves all willful bodily movement that increases energy expenditure (World Health Organization 2013; Harmokivi-Saloranta 2012, 17). Physical inactivity or insufficient activity can be defined as engaging in less than 30 minutes of moderate-intensity physical activity at least five days a week or 20 minutes of vigorous-intensity activity three days a week (Hallal et al. 2012, 248). Physical inactivity is the fourth biggest contributor to global mortality. Leading a sedentary, inactive lifestyle is a rule rather than an exception for over 50% of the people worldwide both in developing and developed countries. (World Health Organization 2013.) International and national campaigns have been implemented to promote physical activity and make people aware of both the benefits of participating in physical activity and the consequences of physical inactivity (Heath et al. 2012, 272).

Structuring effective methods for promoting physical activity and exercise is a complex process that requires understanding of individuals' lifestyle and their receptiveness to marketing efforts aimed at changing this behavior (Arora et al. 2006, 200.)

Arora et al. (2006, 203-205) found that negative message framing with a high credibility third party source such as a health care professional provided the best results in motivating people take on physical activity. The need to engage physically inactive people to lead healthier and more active lifestyle is urgent. The effects of leading of sedentary lifestyle are materialized by additional healthcare costs that go into treating conditions

that are caused by sedentary lifestyle. It is essential to identify attitudes, interests and opinions of the physically inactive target segment in order to target services that correspond their wishes, expectations, fears and needs. After interviewing several exercise referral clients that she had worked with, Freundlich (30 Sep 2013) found out that the three biggest reasons for female clients not attending fitness classes were the amount and placement of mirrors in the fitness studio, the feeling of not belonging and inconsiderate treatment by fitness center staff members.

Terveysliikkujen tarinoita (Harmokivi-Saloranta 2012, 10-11) research compiled stories about attitudes towards participating in health benefiting physical activity in all age groups from children to senior citizens. The research was conducted in all 11 municipalities of the Päijät-Häme region in Finland. The research found both internal and external barriers for participation. Internal barriers included lack of time, lack of leisure time, laziness, making up excuses (for example bad weather), health reasons and different personal antecedent states. Antecedent states are temporary physiological and psychological states that affect participation. External barriers included unavailability of instructions or physical activities in the area, missing peer group, lack of equipment, lack of physical activity counseling services, missing the chance to try out different forms of sport activities for free and trouble in finding babysitters for families with small children. The research also found out that there are usually enough sports facilities, outdoor sports tracks and other locations for people to use. However, many people that were interviewed for the research stated that a lack of time was a big reason for not being as physically active as they would like to be. The need for better follow-up and support for exercise referral clients was also identified by the respondents. (Harmokivi-Saloranta 2012, 17.)

### **2.1.1 Working with physically inactive clients**

Kniveton (2005, 628-630) examined the way leisure center instructors were trained and found deficiencies in the way the instructors were trained to deal with clients with different motivational backgrounds. Fitness instructors' education includes more studying on how to instruct groups rather than individual client encounters (Päijät-Hämeen

Liikunta ja Urheilu. 18 Oct 2013). Instructors should be able to adjust their working methods according to the client because one method does not work for every client.

Working with exercise referral clients who are physically inactive sets different demands for the client encounter. Physical activity is often a sensitive subject for people who are subject to exercise referral schemes. In this aspect the encounter between the client and the physical activity service provider plays a major role in engaging the potential client from the beginning. It is up to the physical activity professional to plan safe and effective physical activity design and delivery. They have to support, motivate and monitor progress and be qualified and competent for the job. (Lawrence 2013, 46-51.)

Exercise referral clients should be actively involved in designing the activity in order to be motivated to engage in the activity. The physical activity professional should make sure the client is in the center of their work. They should enable and empower clients to make their own decisions about engaging in physical activity and sticking to it. The physical activity professional should support the client as much as needed and give the initial 'push' to make the client start physical activity but in general the client has to make the decision on whether they are going to stick to a certain activity (Lawrence 2013, 46-51.)

When establishing rapport and a trust between a client and the physical activity professional it may have to do with similarities between the client and the physical activity professional. They could be matched according to age or gender for example. However more important is to get to know the person and their lifestyle. The professional should gather as much information about the client as possible on what type of life they are leading, what kind of limitations they have and why they are motivated or unmotivated and what their perceptions are about physical activity. The professional may have to employ different roles such as being a teacher that provides information, a friend who is concerned about the client's health, a goal setter who helps to achieve goals or a liberator who challenges perceptions and beliefs about physical activity to engage the client. (Lawrence 2013, 222-223.)

The physical activity professional should be able to adapt their working style according to the client, whether they need more support or more liberties to explore different possibilities and try them on their own first. Lawrence (2013, 225) also talks about locus of control as the extent to which an individual believes they are able to affect their lives. It can be either internal or external. Internal locus of control refers to higher level of self-motivation and the belief of having control over one's life whereas external locus refers to a belief that life is controlled by external factors that are out of one's reach. Clients with external locus of control lose interest easily and they are reluctant to commit to physical activity.

### **2.1.2 Sports participant decision making process**

Participant decision making process in sport (Shank 2009, 107-112; Schwarz & Hunter 2008, 113-116) identifies five stages of the decision making process when purchasing a sports service. The process is characterized by external, internal and situational factors that influence the decision making process. Internal and external factors are also linked to each other and influence each other in the decision making process. Participant decision making process is a useful tool for organizations and companies to follow the mind paradigm behind pursuing a certain sports activity. Companies and organizations are also able profile their customers based on the factors that influence their decision making processes. The participant decision making process was chosen for the theoretical framework as it provides valuable insight into how consumers arrive at their decisions to participate and purchase physical activity services. This theory can be used to determine the factors affecting physical activity participation among the physically inactive target group. The five stages of the model include problem recognition, information search, evaluation of alternatives, participation and post-participation evaluation. The model has been depicted in Figure 1.

In problem recognition phase there is a discrepancy between a desired state and the actual state. This discrepancy is large and significant enough to activate the decision making process. For example a physically inactive person who suffers from high blood pressure and has to take medication to lower their blood pressure might be prompted

to take on physical activity to rid themselves of the medication. The actual state of that person does not meet the desired state and consequently need for change is recognized. Both the size of the discrepancy and the relative importance of the problem affect the decision making process. (Shank 2009, 108.)

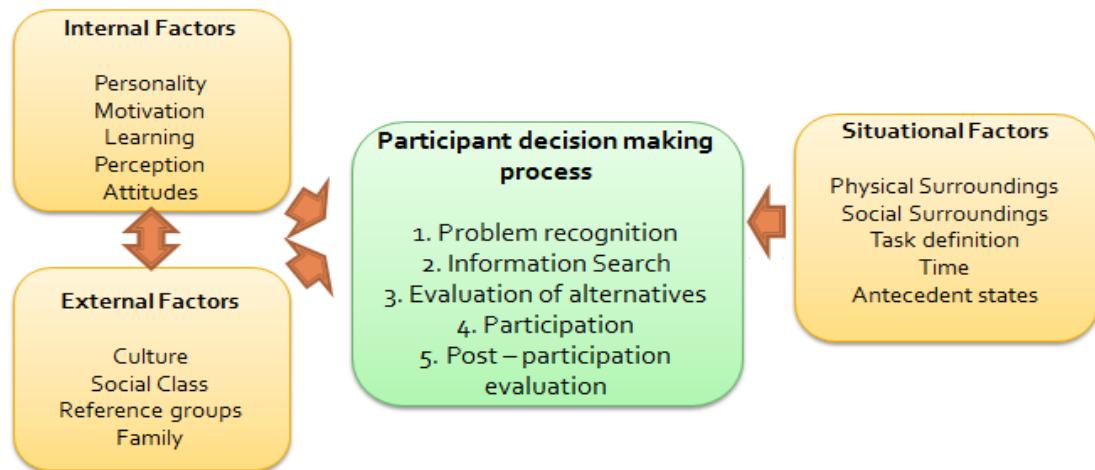


Figure 1. Participant decision making process (Shank 2009, 108; Schwarz & Hunter 2008, 113-116)

When it comes to information search stage the person with high blood pressure looks for relevant information to help resolve the current issue or problem. He utilizes internal sources such as memories from past physical activity experiences, external sources that might be personal, marketing or experiential sources by nature. Personal sources might be friends or family members, marketing sources refer to advertisement and Internet and experiential sources refer to gathering information through observing interesting activities on the spot. Risk also plays a part in selecting the activity, whether it is from a financial, social or safety standpoint. If the activity is too expensive, or is not safe enough or does not offer desired social benefits it will not be considered. (Schwarz & Hunter 2008, 113-114.)

After searching for information the future participant performs an evaluation of alternatives that have emerged as a result of the two earlier phases. The participant develops an evaluation criterion in order to choose between different alternatives. This criterion may include similar aspects as in the information search phase, for example safety

or financial aspects. The future participants compare their demands for the alternatives against the criterion they have set for the process. (Schwarz & Hunter 2008, 114.)

In stage four the decision making process has advanced into participation phase and the consumer has made the decision to participate in the activity. The participant still has many factors to consider such as location, need to purchase equipment and exhaustion level of the activity. When these factors have been resolved the participant is ready to participate in the activity. (Shank 2009, 112.)

After the participation post-participation evaluation occurs. Cognitive dissonance might occur as doubts regarding the decision to participate. There will also be post-evaluation against pre- participation evaluation and selection criteria that were implemented in the evaluation of alternatives phase. (Schwarz 115-116.)

The sports participant process is guided by internal, external and situational factors that are unique to each participant. The internal factors include personality, perception of sports in general and specific sports, attitudes, learning and motivation. Learning can be further divided into behavioral, cognitive and social learning and motivation into intrinsic and extrinsic motivational factors. The person with high blood pressure considers participation through their intrinsic source of motivation to get rid of the blood pressure medication but might be also affected by family and friends who are concerned of the person's health. (Shank 2009, 114-124.)

The external factors include culture and the value of physical activity in the culture, social class (based on occupation, income and education), reference groups that are any people who influence decision making, family influence and socialisation. Socialisation occurs when we learn about the skills, knowledge and attitudes relevant to various sports. Changes on the external factors are based upon gender, age, income and lifestyle for example. For example if the participant's family is very involved with a certain activity the participant might be more inclined to choose the activity that is familiar to them. (Shank 2009, 124-130.)

The situational factors affect participation temporarily. Physical surroundings refer to location and weather. Social surroundings include who is the participant with, crowdedness of the facility, time and reason for participation. Antecedent states are temporary physiological and psychological states that a consumer brings into the participation situation. The participant might feel tired and postpone participating because of rainy weather for example. (Shank 2009, 130-134.)

## **2.2 Service quality**

This subchapter defines services and service quality and examines tools for measuring service quality. The theories include criteria of a good service, servicescape and SERVQUAL.

Services do not exist in a vacuum and neither does their quality. For the purpose of this thesis service is defined as an intangible process that offers benefits to consumers who participate in the production process of the service (Grönroos 2009, 51-54; Shank 2009, 444). Service quality is determined by the intangible nature of the services. Services are produced and consumed simultaneously and hence the ‘factory’ of the services opposed to products is the process of service production. (Bitner 1992, 57.) Also as Grönroos (2009, 71-73) suggests quality is based on the perception of the customer. Quality is a subjective experience that is re-evaluated and redefined by the customer during the service process.

It is vital to understand how the customer perception is shaped in order for the company to be able to influence the different phases of the customer thought process. Service quality is an interactive part of the service encounter.

Grönroos (2009, 89-90) identified seven perceived service criteria:

1. Professionalism and skills
2. Attitudes and behaviour
3. Accessibility and flexibility
4. Reliability and trustworthiness
5. Service recovery



6. Servicescape
7. Reputation credibility.

*Professionalism and skills* refers to the competence and expertise the staff members possess and showcase in service encounters when solving customer problems. *Attitudes and behaviour* refers to how service-minded the staff is and how they carry out the service encounter and interact with the customer. For example if they give out a positive, reassuring image or if their attitude and behaviour is somewhat lacking from the customer point of view. *Accessibility* relates to how easily the service can be accessed both physically and in the minds of customers. *Flexibility* refers to the ability to react to constantly changing service encounters and being able to change touchpoints of service to better facilitate customer needs. *Reliability* and trustworthiness refer to keeping with the brand promise or value proposition so that the customer is able to trust the service provider to deliver the service as promised. *Service recovery* refers to failure in the service process of getting the service to the customer. It is crucial that the service provider works to show their commitment to fix the problem in order to attempt in leaving the customer satisfied on how the situation was handled. *Servicescape* will be discussed further in subchapter 2.2.2 but it basically refers to the physical evidence in the service environment and what the company can do to improve this part of their service process. *Reputation credibility* refers to the value the company has in customers' eyes and how they have sustained it in the past and how they will sustain it in the future. Together these seven criteria work as tools for defining what is a good service. (Grönroos 2009, 89-90.)

Service quality measurement in physical activity and wellbeing industry relies on the most widely used theory of measuring service quality, SERVQUAL (Fetchko, Roy & Clow 2013, 343; Shank 2009, 222; Chelladurai and Chang 2000, 3; Tsitskari, Tsiotras & Tsiotras 2007, 625-627; Nuviala, Grao-Gruces, Pérez-Turpin & Nuviala 2012, 95). Models to measure physical activity service quality have been created that are based on or adapted from SERVQUAL.

However, there is still a lack of consensus in the physical activity and wellbeing industry which attributes or dimensions of quality should be used to measure quality (Polya-

kova, Mirza & Jackson 2012; Chang & Chelladurai 2003, 65-66). Physical activity and wellbeing services have unique qualities that set them apart from other services and these qualities should be considered when planning to measure and manage the quality of these services. Physical activity and wellbeing services for example involve a high amount of contact with the staff, for example a massage therapist which can be seen as a part of the service process. (Chang & Chelladurai 2003, 65-66; Smith 2008, 235.) This feature of physical activity and wellbeing services increases the expectations for interactional or relationship quality (Athanasopoulou & Mylonakis 2009, 363) and therefore it is justifiable to separate interactional quality to its own entity in the division of quality that has been presented in subchapter 2.2.1.

### **2.2.1 Division of quality**

LADEC wished to base the quality workbook on the model presented in Figure 2. Figure 2 introduces a combination of Grönroos' (2009, 73-74) model of quality and Lehtinen and Lehtinen's (1991, 289-290) model of quality combined with safety that is especially paramount aspect to consider when creating services for physically inactive exercise referral clients. These two models have been combined before by other researchers as Hartikainen (2012, 23) notes.

The model presented in Figure 2 was created by LADEC in the course of the MOTION! project. Figure 2 is a summary of workshops, seminars and interviews that were conducted with different stakeholders of the project. It was found necessary to separate interactional quality from functional quality as the significance of customer and company interaction is great for companies in the physical activity and wellbeing industry. The need to separate interactional quality from functional quality emerged in company workshops for physical activity pharmacy. It was seen essential to separate interactional quality from functional quality when considering the target group of the project.

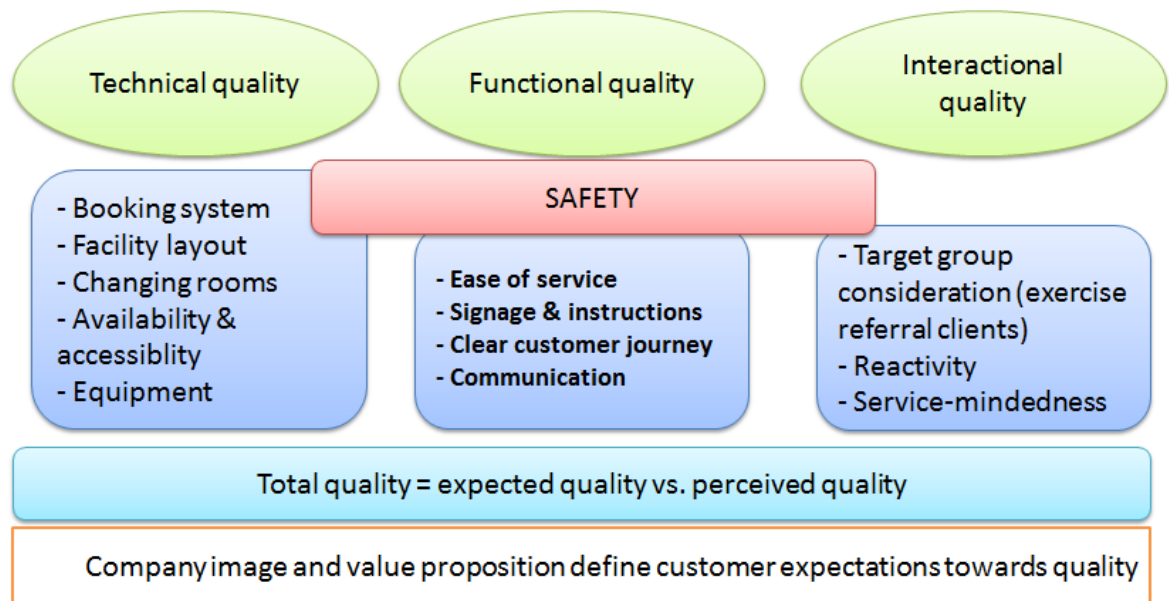


Figure 2. Quality components for a physical activity pharmacy service provider adapted from (Grönroos 2009, 73-74; Lehtinen & Lehtinen 1991, 289- 290; Vanhamäki, I. & Freundlich, H. 10 Sep, 2013)

Grönroos (2009, 73-74) introduced technical quality and functional quality as the two elements of quality. Technical quality answers a question ‘what’ is being produced and functional quality the question of ‘how’ the service is being produced. Booking systems, facility layout, changing rooms, availability and accessibility and equipment are parts of functional quality. The ease and clarity in using the booking system is crucial when the client is considering booking a service with the company. Facility layout consists of the look of the company’s facilities, the interior and exterior design and appeal of the facilities’ look in general. For example entering a gym that mainly targets its services to experienced fitness enthusiasts might have a very different look compared to a gym whose client base mainly consists of senior citizens that are not familiar with weight and resistance training. Changing room is a space that acts as a gateway to the service both concretely and symbolically. The cleanliness, amount of lockers, the condition of shower and sauna facilities and chance for privacy while changing affect the functional quality of the service.

Availability and accessibility refer to how easily the service can be reached. Availability of the service refers to the amount of times the service is available and where and how the service is available. (Grönroos 2009, 90.) Accessibility refers to whether the service is accessible to people with different levels of mobility such as wheelchair-users and physically challenged. Accessibility also includes the means of transport needed in order to get to the service, for example parking space or public transportation. Location is also part of availability and accessibility, whether the service is bound to a location or if it can be adapted and offered in different environments or whether it is confined to an indoor space.

The quality of equipment affects safety directly. Equipment should be easy enough to master if the experience in using gym equipment for example is limited. Equipment should be safe enough to use to minimize the risk of injury through using equipment. Equipment used should also be suitable for the fitness level of the target group.

Functional quality consists of the ease of service, signage and instructions, clear customer journey and communication. Liu, Taylor and Shibli (2009, 249-250) found that functional quality is especially influential in sport facilities because technical quality is a norm that customers expect and as a result it does not increase customer satisfaction. The service process should be as easily consumable and approachable as possible from the customer point of view. Signage and instructions refer to the signs that direct the customer to the service online and offline. It includes the usability of the website and street signs or billboards for example. Instructions include the information on the company website but also the instructions given by the staff member before, during and after the service. Clear customer journey refers to the points of service the customer goes through from problem recognition to booking the service, using the service and post-service period.

Interactional quality consists of target group consideration, reactivity and service-mindedness (Lehtinen & Lehtinen 1991, 289-290). When offering services to physically inactive people it is necessary to identify the needs of this target group and consider the differences in service production. For example providing advanced exercise classes

would be an illogical approach for someone who has been physically inactive for most of their life. Interactional quality also links with the safety aspect as the activities planned for exercise referral clients should be physically, mentally and socially safe. Reactivity refers to the company's ability to react to feedback and make changes to their operations accordingly. Service-mindedness refers to the company's willingness to give the customer the best service experience they possibly can.

Total quality is expected quality versus perceived quality. The difference of expected quality and the perceived quality defines how the customer experiences quality of the service and how they evaluate it in the end of the service process. Company image and value proposition define customer expectations towards quality. The way the company is perceived and how they position their service defines the level of expectations the customer has towards the total quality of the service. (Grönroos 2009, 77.)

### **2.2.2 Servicescape**

Servicescape has been extended in its own section under the criteria of a good service by Grönroos (2009, 89-90) as it is a useful model in measuring the technical and functional quality of a service. Servicescape is defined as the built, manmade environment and physical surroundings of a service and it consists of three specific aspects (Bitner 1992, 57; Holder & Berndt 2011, 391; Hooper, Coughlan & Mullen 2013, 271):

1. Signs, symbols and artefacts
2. Spatial layout and functionality
3. Ambient conditions.

*Signs, symbols and artefacts* refer to various objects in the service environment, their placement, quality of materials and what kind of image they communicate and create in the customer's mind when the customer enters the service environment. *Spatial layout and functionality* refer to the feeling of space the customers gets in the service environment, whether they feel crowded or they feel like there is plenty of space. In a gym environment for example this refers to how the equipment has been placed and if the equipment is far enough from other equipment so that the customer is able to perform

exercise effectively. Functionality refers to how well the chosen layout works for the purpose of delivering a satisfying experience for the customer. The equipment should fit the purpose they are used for and be easy to learn to use. *Ambient conditions* include the background characteristics of the service that include music, lighting, temperature, scent and noise. (Bitner 1992, 65-67.)

### 2.2.3 SERVQUAL

SERVQUAL was developed by Parasuraman, Berry and Zeithaml (1991, 420-421) to measure how customers perceive the quality of service. Customer's perceived quality is what subjectively resides in the customer's mind (Fetchko, Roy & Clow 2013, 343; Butt & de Run 2010, 660). SERVQUAL is still one of the most widely used models in measuring the quality of service. The model has been criticized of concentrating too much on the functional quality of a service. The five determinants of quality have not always been found in the studies when measuring services. (Grönroos 2009, 84.)

SERVQUAL has been used as a basis of many models that measure the quality of sports services such as TEAMQUAL or RECQUAL (Chelladurai and Chang 2000, 3; Tsitskari, Tsiotras & Tsiotras 2007, 625-627; Nuviala, Grao-Gruces, Pérez-Turpin & Nuviala 2012, 95). It was stated in the beginning of Chapter 3 that there is still a lack of consensus how the quality of sports and fitness services should be measured and SERVQUAL is still the most widely used measurement model. Therefore it was found adequate that SERVQUAL specifically should be included in the theoretical framework for the thesis. The five elements of the refined SERVQUAL (Parasuraman et al. 1991, 420-421) include:

1. Intangibility
2. Reliability
3. Responsiveness
4. Assurance
5. Empathy.

Intangibility refers to the perishable nature of services. Companies can increase the perception of quality in the customers' mind by bringing tangible elements to their ser-

vices. Tangibility can be achieved through unified appearance of employees, investing in the design of physical surroundings and equipment. (Fetchko, Roy & Clow 2013, 346.)

Reliability is assessed by the customers based on the accurate and dependable delivery of the service. Reliability is linked to the brand promises and value propositions of the company. The customers evaluate how well the company is able to keep its promises throughout the service delivery process. (Fetchko, Roy & Clow 2013, 346.)

Responsiveness deals with the promptness of delivering the service to the customer. The staff members need to be willing to serve and foster a positive attitude and mannerism when customers seek information or raise concerns about the service. The service provider should be able to deliver a service in a way that it is a solution to the customer's problem. Flow of service is an important part of responsiveness and it includes speed of service. (Fetchko, Roy & Clow 2013, 346.)

Assurance deals with the skills and competence of the service provider. Whether the customer is assured by their expertise in the given field or feels doubtful about the competence level and capability of the service provider. (Fetchko, Roy & Clow 2013, 346.)

Empathy refers to attention and caring that the company shows towards the customer in an individualized way that shows the customers their views are appreciated. The five elements all together showcase the different aspects of measuring service quality from a functional quality point of view. (Fetchko, Roy & Clow 2013, 346.)

### **2.3 Service design**

This subchapter introduced service design as a concept, further examines the user-driven and co-created approach to service design and introduces two service design tools that are useful for ensuring quality by scrutinizing the whole service process.

Service design is a concept that is yet to be settled under a single definition. Service design is an inter-disciplinary approach that combines different methods and tools (Stickdorn & Schneider 2012, 28-29). For the purpose of this thesis defining service design has been modelled from the approach by Kuosa and Koskinen (2012, 22). Their practical approach concentrates on what is included in service design rather than opting for a single sentence definition. Service design consists of creating new service ideas and concepts, designing service processes and offering guidance in development of service processes and environments (Kuosu & Koskinen 2012, 22). User-centricity and co-creation are among the principles of service design thinking according to Stickdorn and Schneider (2012, 33) and an essential part of the service design process. Service design tools of blueprinting and customer journey were selected in order to keep customer in the centre of the service design process and later on use customers as co-creators for the content of the workbook.

### **2.3.1 User-driven and customer co-created innovation**

User-driven innovation emphasizes the role of a user as an active agent and as a resource for innovation. User-driven innovation aims to understand user needs, experiences and behaviour in different situations in order to utilize this information in company innovation processes. These innovation processes may concern new product development, service design, or new concept development and assessment. Innovation may be labelled as user-driven innovation when responding to user needs is the founding principle of the process. Responding to user needs does not mean that the service provider assumes that they know what the needs of the users are but actually inviting them into the innovation process. In doing so the user role switches from being the object to being the subject of the process. Service users are able to find solutions to problems they have encountered through their real-life experiences as users of the service. Involving users in the beginning of the innovation process has proven successful in the past. The critique of user-driven approach has been directed towards users' lack of understanding the actual execution process when it comes to service development. All in all, user-driven approach is a valuable method that provides added value to the user's experience and should increase customer satisfaction. (Harmokivi-Saloranta 2012, 22-25; Leminen, Fred, Kortelainen & Westerlund 2011, 9-12, 19-21.)



Initially user-driven innovation that Harmokivi-Saloranta (2012, 22-25) refers to is fairly close to the service design concept of co-creating with customers. Whereas user-driven innovation emphasizes gathering information of users' unconscious needs and wishes by using different qualitative methods instead of merely engaging in interviews and surveys as a research method to explain users' voiced needs, co-creating with customers is a more widespread approach where all information gathered from customers, be the source the users' conscious or unconscious efforts, is regarded valuable to the end result (Harmokivi-Saloranta 2012, 22-25; Stickdorn & Schneider 2012, 198-199).

### **2.3.2 Customer journey**

Customer journey visualises the touchpoints of customer experience that customer goes through in their way of finding the service. Stickdorn and Schneider (2012, 160-161) have identified three periods in service: pre-service period, service period and post-service period. The touchpoints can take different forms, for example searching for information online, face to face contact with another individual or physically visiting the location of the service. Customer journey offers service providers information about the problems and possibilities that the customer faces on their way to use the service. Customer journey is a useful tool for companies to evaluate the touchpoints of their service and develop ways to increase customer satisfaction. (Stickdorn & Schneider 2012, 158-161.)

In Figure 3 participant decision making process (Shank 2009, 108; Schwarz & Hunter 2008, 113-116) has been merged with the concept of customer journey. Customer journey supports the idea that a customer goes through a decision making process when they are choosing a service. When the customer goes through the process the service provider is able to implement supportive elements that increase the added value of the service to the customer. The customer journey presented in Figure 3 aims to consider both the company's and customer's perspective in the service process.

When the customer recognizes the problem and begins to find solutions to it it is the company's chance to implement marketing strategies that create images of the need to

purchase their service. Also creating an image of the company as a solution to that problem and implementing their unique value proposition sends the customer a message about the company's principles and way of operating.

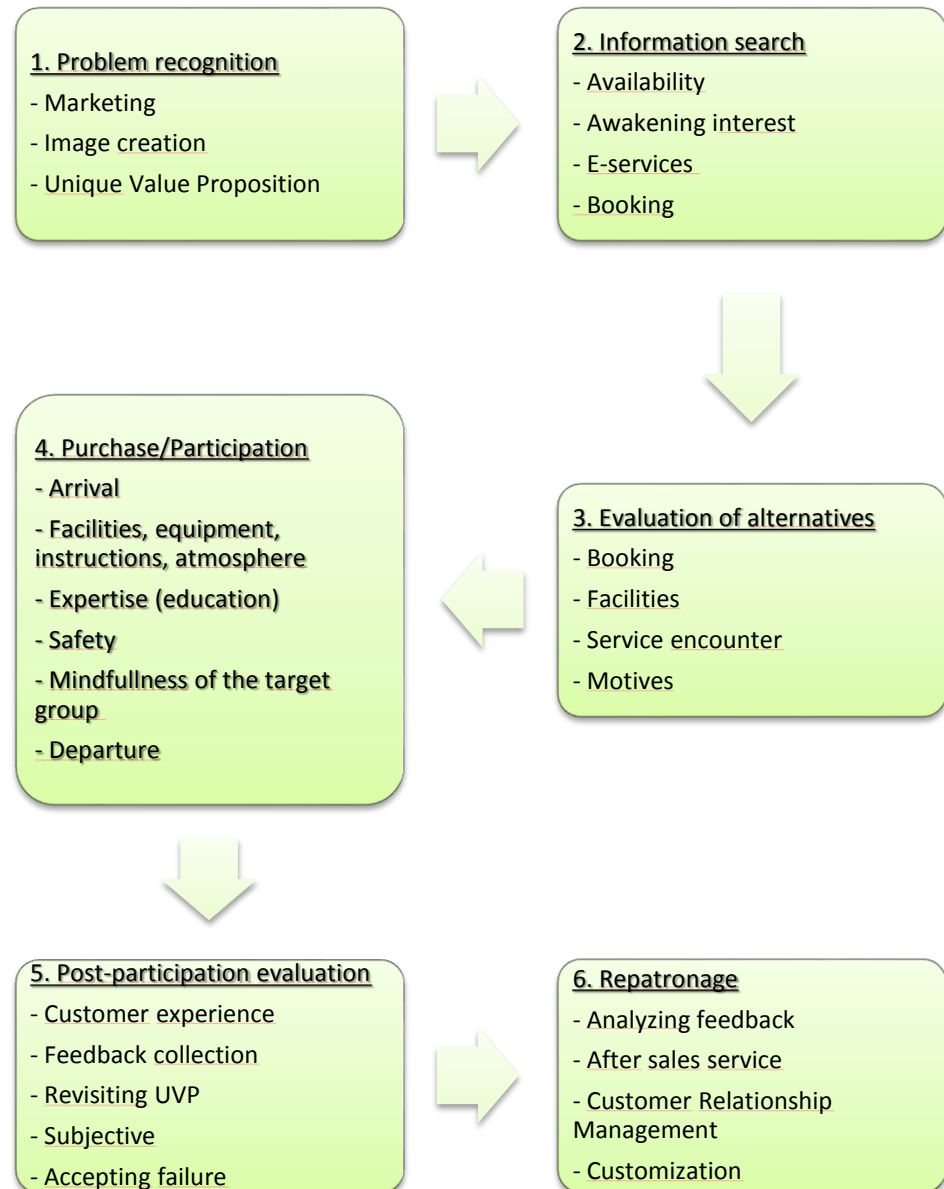


Figure 3. Customer journey for exercise referral clients using services of the physical activity pharmacy

After recognising the problem the customer engages in information search and this is the phase when the service provider needs to make sure their services are available and spark interest enough for the customer to consider their service. The company's e-resources play a major role when the customer is searching for information and

consequently having an up-to-date website with relevant information is more likely to attract the customer to use the company's service.

When the customer evaluates their alternatives they look at different elements of service that are both tangible and intangible. The tangible elements include for example facilities and equipment whereas the intangibles might include an encounter with a staff member or the internal and external motives the customer bases their decision on. Internal motives include for example personality, learning and attitudes where as the external motives include for example reference groups and family.

The purchase or participation is the moment of truth for both the customer and the company as the service is being consumed at the same time it is being produced. At the arrival phase the customer likely encounters a staff member and assesses the encounter. The customer also catches on the atmosphere of the facility and if elements of servicescape have been implemented carefully. The company should make sure they have the required expertise to deliver a successful and safe service encounter. The company should also keep in mind their target group of exercise referral clients and choose activities and the level of the activities according to the target group.

After the purchase the customer reflects and evaluates the servicing they received. At this point the company should make sure feedback is collected and eventually processed. The company should reflect on their behalf and revisit the unique value proposition or brand promise and see if they fulfilled their value proposition as promised. The company needs to keep in mind that the customer experience is always subjective and sometimes delivering a good customer experience is beyond the company because of the antecedent states of the customer for example. The company should accept that there are always unexpected elements to services that might result in service failure.

If the service process eventually leads to repatronage, that is retaining the customer, the company should analyse the process that led them to this point so far. Analyzing customer feedback is an effective tool to assess the success of the service process. Also

applying after sales service to keep the customer engaged and make the customer feel they are valuable to the company by customizing parts of the service increases the quality of the service for the customer. If the company obtained the customer's contact details they might approach the customer with an offer for example after the first service encounter.

### **2.3.3 Service blueprinting**

Service blueprinting is a practice that breaks the service process down and maps the flow of service. Service blueprinting might reveal the potential weak points of the service delivery. (Fetchko, Roy & Clow 2013, 346.)

Figure 4 presents a tentative outline for a physical activity or wellbeing service blueprint. Blueprint is considered as the most versatile way of documenting the service process in the context of physical activity pharmacy. Physical activity service providers should be able to evaluate the quality of their services by using the blueprint as a tool to map their service process from the offset to service delivery and finally hopefully successfully retain the customer. A blueprint usually consists of five levels:

1. Physical evidence,
2. Customer,
3. Front stage,
4. Backstage
5. Support functions.

Front stage level depicts actions that are visible to the customer and all the communication points between the customer and the front stage employee (Fetchko, Roy & Clow 2013, 346-347). In the case of a physical activity or wellbeing service making a booking for the customer may be either a front stage or a backstage function. Customers are usually able to book the service on the spot at the location, by phone or online. Physical activity and wellbeing services in general involve many front stage actions that are performed at the presence of the customer.

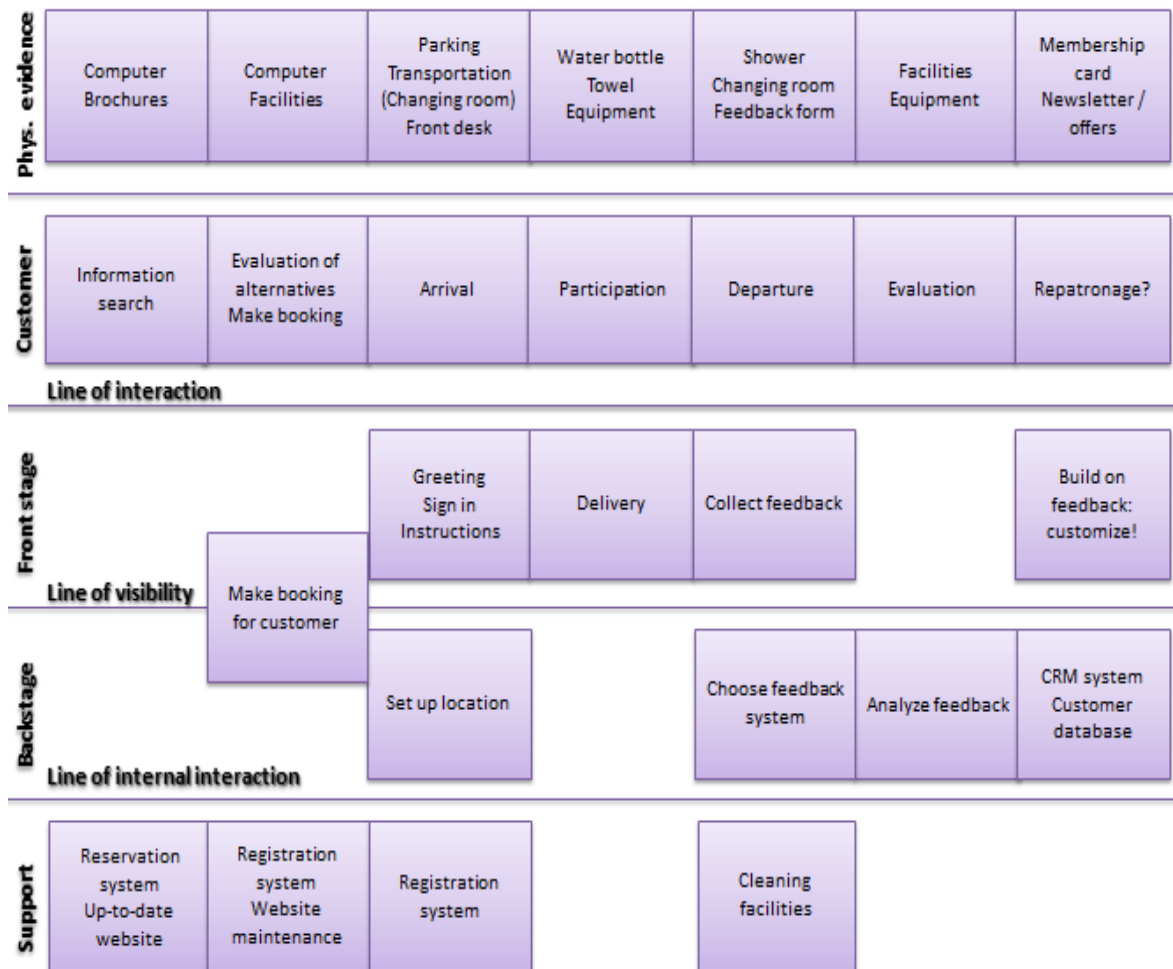


Figure 4. Physical activity and wellbeing service blueprint adapted from Bitner, Ostrom & Morgan (2008, 73)

The customer interacts with the service person when she arrives and registers for the activity. The interaction continues with participation and departure. When the customer goes through these phases the front stage staff greets the customer, signs them in and gives instructions. There might be a different person delivering the service. After the delivery feedback is collected and analysed after the customer's departure. After analysing the feedback the service staff is able to take it into consideration when they are thinking of ways to improve the service process and perhaps make the experience more personalized for each customer.

Backstage functions are invisible to the customer and therefore separated from the front stage by a line of visibility. Backstage activities may include telephone calls, using a booking system or any other actions the contact staff members do to prepare to

serve the customer. (Bitner, Ostrom & Morgan 2008, 72). In the case of physical activity or wellbeing service analysing the collected feedback and after sales functions that are done to ensure return of the customer could be considered a backstage functions.

Support functions are performed in order for the service process to take place. They are actions that are not necessarily performed by the staff members who are in contact with the customers but are still employed or contracted by the service provider. They are separated from backstage functions by a line of internal interaction. Support functions include cleaning and website and registration system maintenance for example. (Bitner, Ostrom & Morgan 2008, 72.)

Physical evidence refers to the tangible elements of the service. Customers expose to these tangible elements during the service process and they shape customer's perception about the service process. Physical evidence may include front desk, equipment, changing room and feedback form for example. (Bitner, Ostrom & Morgan 2008, 73.)

Blueprint is a useful tool for companies that act as service providers in the physical activity pharmacy platform. It helps service providers to manage and control the quality of their service as the service process is divided into smaller parts that take place simultaneously. (Bitner, Ostrom & Morgan 2008, 71.)

### **3 Creating the quality workbook**

The goal of the thesis project is to develop content for the quality workbook as a part of the physical activity pharmacy platform. The objectives specify the measures that are taken to achieve the goal.

1. Physical activity pharmacy service providers will be able to evaluate the quality of their services with the help of the workbook.
2. The workbook provides service quality and service design tools to increase the perceived quality of the customer experience.
3. The workbook adapts a positive solution-centric approach that is mindful of the needs of the physically inactive and insufficiently active target group.

This chapter includes the process description of the thesis process and creating the quality workbook. The process description has been presented chronologically to offer a clear overview of the thesis process. The different phases have been divided into their own subchapters to improve readability. First the background for choosing the thesis topic is introduced in subchapter 3.1 after which planning theoretical framework, drafting the quality workbook and planning methods are discussed in more detail in subchapters 3.2 - 3.4. Subchapter 3.5 discusses the methods for the thesis. Results of the data collection methods and reliability of the research are presented in subchapter 3.6. Subchapter 3.7 presents the final version of the workbook that formed through the thesis process. Thesis project plan can be found as Attachment 5.

#### **3.1 Background**

The author had done her specialization studies that comprised of courses in sports management studies and was looking for a product-oriented thesis project that would be within the sport and leisure industry. The goal was to find a project that would provide new insight into working in the industry and provide possibilities for professional growth as the author already had some experience working in the industry. Product-oriented thesis was preferred because of the author's interest towards working in pro-

jects in future career. The offset for the thesis process was in the beginning of June when the author approached a few companies for a thesis topic.

At the time LADEC was at a point of their MOTION! project where they needed to execute one of the project's key measures, quality insurance of services that would be accepted into the physical activity pharmacy. LADEC had not originally signed a certain employee to take responsibility over this measure. LADEC realized that the ensuring quality measure would be an entity that would work well as a thesis topic and as a result project employees would be able to focus on other key measures of the project that also required their attention. When the author contacted LADEC about a possibility to do a thesis for the company LADEC was not yet actively looking for a student to take over the project. However, both parties realized quickly that this project would benefit them both. The thesis author would get an interesting and versatile topic and that would be a beneficial topic for developing skills for future career in the physical activity and wellbeing industry. LADEC would get a student with skills in service production and development and strong interest towards physical activity and wellbeing services.

Soon after exchanging a few emails about the arrangement the thesis author and LADEC agreed on an initial meeting that took place before the beginning of the author's work placement. Present at the meeting were Mr Isto Vanhamäki, the Business Developer for MOTION! project and Ms Heidi Freundlich, the Project Manager for MOTION! who were later on agreed as supervisors from the commissioning party. The thesis project was discussed in more detail and LADEC proposed the idea of creating a quality workbook to ensure the quality of services for the physical activity pharmacy service providers. By creating a quality system of their own LADEC would be able to produce a quality certificate that would specifically designed for the needs of their physical activity pharmacy platform. The quality workbook would work as a quality control system for the companies that would be accepted as service providers in the physical activity pharmacy after completing the workbook.



The topic was confirmed with the commissioning company after the initial meeting in June with a precaution that it would have to be accepted by HAAGA-HELIA before finalizing and signing the commissioning agreement. The thesis process experienced a break for the summer because of the author's intensive two-month work placement period in Canada. The author agreed to contact LADEC again at the end of the summer when the suitability of the topic would have been assessed by a HAAGA-HELIA supervisor. The author contacted a potential supervisor in August when the work placement was coming to a close. The author was lucky enough to have the supervisor of her choice for the thesis. Leena Grönroos agreed to supervise the thesis but addressed the need to define the scope and goal of the project more clearly as the project was still at an idea stage at that point.

### **3.2 Planning theoretical framework**

#### **September**

The thesis project really began in September when meetings with both the commissioning party and the supervisor took place. The schedule was discussed with both parties. The author wished to graduate in December and so it was agreed that the thesis should be presented by the end of November. The tight schedule set the pace for the project and the project plan was built that schedule in mind. The project began by setting the initial goal and objectives for the thesis and narrowing down the topic. The objectives were specified in the course of the project. The scope of the project was defined together with the commissioning company. The thesis author would be responsible for creating the content for the workbook as the visual layout of the workbook would correspond the visual look designed for the physical activity pharmacy and the MOTION! project. The author considered the success evaluation criteria for the thesis and how it should be based on the goal and objectives of the thesis.

Project development plan was developed along the way with the scope of the project and other components such as resources for the thesis. The project plan consisted of checkpoints that the thesis author set a schedule for that specified when these check-

points should be completed. The author decided to start by gathering reading material for the theoretical framework of the thesis.

Collecting the reading material for theoretical framework began after the initial goal and objectives had been decided. LADEC had drafted a tentative theoretical framework for the workbook and they wished to base the workbook on Grönroos's dichotomy of technical and functional quality (2009, 73-74) and add a third dimension, interactional quality, to it. LADEC saw it necessary to include interactional quality as its own dimension because of the feedback they had gotten from various customer workshops and innovation sessions in the course of the MOTION! project. As it has been noted earlier this division of quality with three dimensions has been used in other research as well. LADEC also suggested on using Grönroos's seven criteria of a good service (2009, 89-90) as a base for the workbook.

The thesis author familiarized herself with the suggested content for the theoretical framework and found it to be relevant to be used in the thesis. The author also recognized the need to search for more material to be included in the theoretical framework to provide a more comprehensive foundation for the thesis. The search for material was conducted by using books, articles and online materials through the libraries of HAAGA-HELIA and Lahti University of Applied Sciences due to the thesis author's domicile. The author's information search was first directed towards obtaining an overview of service quality literature in general. Service quality was examined through the prominent authors in the field such as Grönroos, Parasuraman, Berry, Zeithaml and Lehtinen and Lehtinen. After familiarizing herself with the aforementioned authors the thesis author wanted to find out what had been written about service quality in physical activity and wellbeing industry specifically as the aforementioned authors write about service quality in general and do not refer to service quality in physical and wellbeing industry.

The quality of physical activity and wellbeing services was examined by reading sports marketing literature and finding articles about service quality in physical activity and

wellbeing industry. Articles that concentrated on service quality in sport, leisure, healthcare or wellbeing were qualified in the choices for theoretical framework.

After the first version of the theoretical framework was drafted the thesis author asked for feedback from the commissioning company and HAAGA-HELIA supervisor. The framework received good feedback from the supervisor and LADEC alike. At this point the framework included the combined model of quality by Grönroos (2009, 73-74) and Lehtinen and Lehtinen (1991, 289-290), good criteria of a service (Grönroos 2009, 89-90), servicescape (Bitner 1992, 57) and SERVQUAL (Parasuraman et al. 1991 420-421).

In the beginning of September LADEC organised a company workshop that concentrated on the quality measure of the MOTION! project. The thesis author was able to gather from potential future physical activity pharmacy service providers in their opinion what should be included in the quality workbook. It was realized after the workshop that as useful as it was to ask for companies' input in the workbook the customer viewpoint should be addressed more closely because of the approach the workbook aimed to provide. The workbook was identified as a tool that would be primarily used by the service providers of the physical activity pharmacy but in order for the workbook to function as a useful tool it would need to be based on the needs of the target customer group. It would be essential to define the needs and wishes of the physically inactive and insufficiently active target group in order to construct an effective workbook.

### **3.3 Drafting quality workbook**

#### **October**

The first draft of quality workbook was presented by LADEC's request in the second week of October. At this point the body of the quality workbook was at title level but with no content included yet. LADEC commented that they were happy with the proposal for the workbook. LADEC wished for a developed version that would include

most of the content by the first week of November. The first draft of the workbook can be found as Attachment 7.

The thought process for the first workbook draft began immediately after the company workshop in September. The draft version was mostly based on the theoretical framework at the time and the company workshop on quality in the beginning of September.

The introduction meant to offer an overview to the contents of the workbook and emphasize why quality should be considered in the service provider's daily operations. The model of three-divisional quality with safety and total quality dimensions was used as an introduction to quality theory. The model presented the different elements of quality that were seen necessary to be recognized by the users of the workbook. Customer journey was chosen as a title because it was thought to be a good way to make the companies reflect on the quality of their service process. Grönroos's good service criteria were seen as a useful base for the workbook chapter titles because the criteria he created included many elements that were seen as determining in service providers' day-to-day quality assurance. The chapter on quality assessment in daily operations included the following titles:

1. Competence
2. Availability
3. Attitude
4. Communication
5. Service process analysis
6. Reacting to changing requirements
7. Operational goals
8. Customer Relationship Management
9. Reputation.

Competence was seen as a combination of skills and know-how in offering target group specific services. Having a proper educational background that was either physical activity or healthcare related was seen as a considerable quality insurance factor.

Availability was chosen because the service should be easily available and attainable by using multiple types of transportation. There should also be proper signage so that the customer finds the location easily. Website should be up-to-date and the booking system easy and quick to use.

Attitude was recognized as a way of servicing the customer. The target group is out of their comfort zone when they decide to take on physical activity and they are very sensitive to the attitudes of the service personnel who should show interest towards them and encounter them without premature judging based on appearance for example.

Communication was chosen because it is crucial to relay a message that the customer is valuable to the service provider and they are being looked after. Communication was seen essentially important between the service provider and the customer.

Service process analysis was chosen in order to better analyse the touchpoints of the service process. Analysing the service process and breaking it down should improve the service provider's ability to evaluate the possible weaknesses of the service process that will have effect on customer's perceived quality as well.

Reacting to changing requirements is especially central when there are changes in the service provider's environment or the customers' requirements. The service provider has to be able to recover if they make a mistake and showcase the customer they have reacted to the mistake that occurred during the service. Also communicating the changes to the customer the service provider has made due to customer's requests is essential.

Operational goals was chosen as a workbook title because successful quality management was seen as a result of successful goal setting. A service provider that has set clear operational goals and knows which factors form the basis for their operation are more likely to pay attention to quality assessment as well.

Customer relationship management was chosen because it is very closely linked to what should happen after the customer is about to or has been acquired. In order to ensure customer returning to use the service providers have to take measure to look after the acquired customer and follow-up with them on their experience with the service provider so far.

Reputation was chosen because quality was seen to construct on the customer's perception of the service provider. Building reputation through competent, caring staff and effective service delivery should ensure that the customer is more likely to choose that particular service provider and return to use the service.

### **3.4 Planning methods**

Changing the view from company-centred to more customer-centred also meant that the theoretical framework should be expanded as well. The theoretical framework was expanded to include a literature and research review on the physically inactive exercise referral clients as a target group. The author found it useful to also add the theory of sports participant decision making process (Shank 2009, 108) to examine the factors that affect a person's decision making process to participate in physical activity. International, national and regional level research was used as a basis for this part of the theoretical framework. The thesis author chose to use also international research because it supported the findings of the research conducted both nationally and regionally.

Literature review had been originally identified as the main method for collecting data for the thesis but after changing the viewpoint towards more customer-centred approach and after a feedback discussion with the HAAGA-HELIA supervisor the thesis author decided that conducting new research for the thesis would benefit the workbook the most. The author considered which research methods would be most useful for the purpose of the thesis.

The thesis author had already considered customer journey to be included in the quality workbook as service quality evaluation tool and thus it was seen to be a good tool

for the purpose of the research as well. Co-creating a customer journey with customers belonging to the target group and service providers of the physical activity pharmacy would benefit the end result of developing content for the workbook. The decision to use customer journey as a research method for the thesis kindled the final expansion of the theoretical framework when user-driven and customer co-creation, customer journey and service blueprinting were added.

The service provider customer journeys were conducted with four service providers at another company workshop on October 15. The co-created customer journeys were conducted with the three target group members in the following week in individual meetings.

During the same week when the second physical activity company workshop took place the thesis author acquired focus group interview tapes from another MOTION! project's subprojects. The tapes had been recorded prior to the start of the thesis process as a part of one of the MOTION! project's subproject research. Palmenia Centre of Continuing Education organized a focus group interview session about the drivers of physical inactivity in the Lahti region and taped the interviews. The thesis author decided to include the tapes because of their relevance to the thesis topic.

After the customer journeys had been conducted with the customers and the service providers and after acquiring the focus group interview tapes all the material was analysed. The material was analysed with qualitative content analysis and theory directed approach that compared the findings with the theoretical framework of the thesis. The analysis was conducted during the last week of October and first week of November. The methods and qualitative analysis will be described in more detail in subchapter 3.5.

### **3.5 Methods**

Marshall and Rossman (2011, 207) identify three different phases in analysing qualitative data. These phases are usually all unite under *analysis*, although the process can be divided into description, analysis and interpretation.

### 3.5.1 Focus group interview tape analysis

Focus group interviews were conducted as a part of one of the MOTION! project's subprojects prior to the start of the thesis project. Palmenia Centre of Continuing Education is responsible for developing the communication of health benefiting physical activity. Palmenia organized a customer workshop for the physically inactive target group people in order to find out their attitudes, opinions and experiences towards physical activity and ways to make them more physically active. Focus group interviews were conducted in Finnish in two groups of eleven and eight participants. The interview questions in Finnish can be found in Attachments as Attachment 1. The participants were both male and female age ranging from 30 to 60 years of age. Quotes from the interviewees have been translated by the thesis author. The first interview consisted of an hour long session with the following two topics of discussion:

1. What comes to mind when someone says the word 'physical activity'?
2. What comes to mind when someone says 'physical activity counselling'?

The second interview session also lasted for an hour. It was conducted with a different group with slightly different questions compared to the first interview, although the topics were similar. In this session quality of physical activity services had been separated into a separate question.

3. What comes to mind when someone says the word 'physical activity'?
4. What is a good quality physical activity service?
5. How a physical activity counsellor is able to communicate their expertise to the customer?

Both interviews were taped and they were analysed together. After listening to the tapes they were transliterated and organised in a way that when the discussion strayed off topic to nutrition for example these parts were excluded from the analysis. Responses of the questions were summarized into memos where each question formed its own section. The transliterated data was then coded into conceptual maps that consisted of bigger themes that came up in the tapes. These findings were then compared



to the theoretical framework of the thesis. SERVQUAL, quality division and sports participant decision making process were used in the comparison. The findings were compared in order to find similarities and or discrepancies with the theoretical framework. This method has been called theory directed or theory bound content analysis, in Finnish *teoriaohjaava* or *teoriasidonnainen* sisällönanalyysi. (Tuomi & Sarajärvi 2009, 96-97, 117.)

### **3.5.2 Co-created customer journey**

The co-created customer journey supports the basic idea of user-driven innovation where the user not only voices their opinions about the object of development but also actively participates in designing it (Harmokivi-Saloranta 2012, 22-25). Co-created customer journey was chosen as a method of data gathering for the thesis to better identify the needs and expectations of the target group. As the quality workbook is very much concentrated on improving the service processes of the physical activity pharmacy service providers, customer journey was seen as a valuable method to bring insight into the service process. Customer journeys were chosen to be conducted by both service providers and customers in order to find out if their perceptions of a customer journey varied.

Customer journeys were completed by four service providers of the physical activity pharmacy and three members of the target group of currently physically inactive people. The service providers represented different sectors of the physical activity and wellbeing industry: fitness center, holistic wellness center, sports institute and physiotherapy business. Each service provider chose one of their services for the customer journey map.

The members of the target group were all females with different physical activity backgrounds, lifecycles and different ages. Based on the customer journeys three personas were created: Julia (a 23-year-old wanting to join a fitness center to lose weight), Anne (a 42-year-old wanting to hire a personal trainer for lifestyle change) and Emma (a 55-year-old concerned of her decreasing muscle mass and wanting to improve her muscle strength). The names of the respondents have been changed at their request to main-

tain anonymity. These customers were chosen because all of them represent the target group insufficiently active.

The customer journey map template did not separate pre-service period, service period and post-service period. The reason for choosing a simplified form of the customer journey was to see how the participants see the service process as an entity, that is, what they perceive to be the starting point and the end point of the process. All customers and companies were given a blank customer journey template to work on which has presented in Figure 5. The respondents were asked to jot down their customer journey on paper. The task description was to determine their customer journey from a starting point to the end point. Service providers that filled in the customer journey were instructed to describe a service they would be providing in the physical activity pharmacy. When the respondents were filling the customer journeys both they and the thesis author had the chance to present specifying questions if needed.

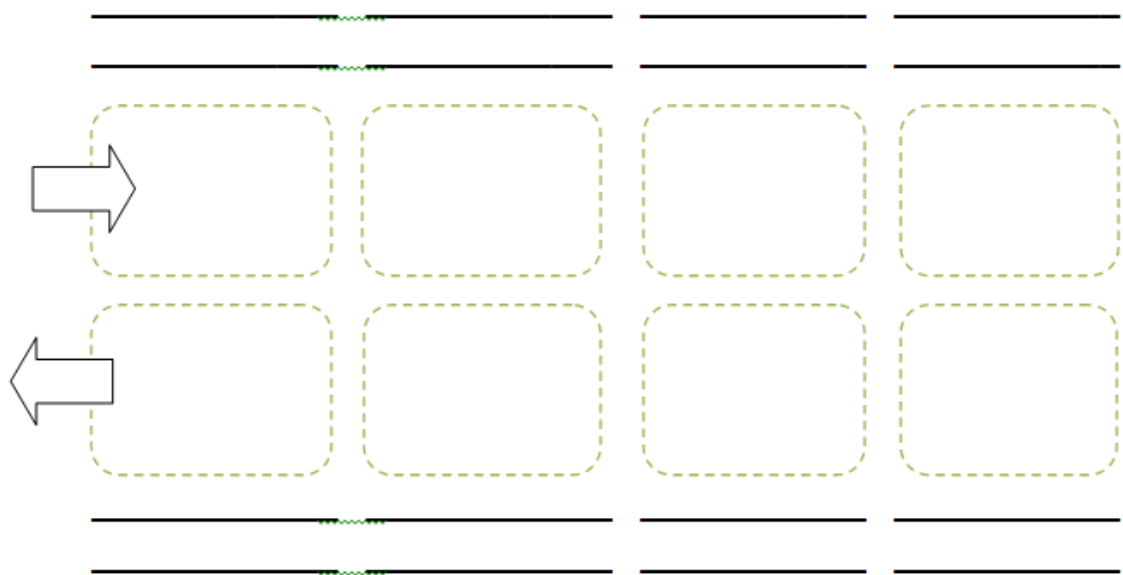


Figure 5. Customer journey

### 3.6 Results

The results of the co-created customer journey and focus group interview tape analysis have been presented in this subchapter.

### **3.6.1 Focus group interview tapes analysis**

Perceptions and associations related to physical activity and physical activity counselling emerged as the most prominent themes in the interview tapes. These themes have been summarized in Attachment 2. The perceptions and associations were divided into positive and negative. Flexibility, relatability, holistic approach and credibility came up as the most prominent themes within physical activity counselling.

In general physical activity was a topic that elicited a strong response either for or against. Physical activity was perceived negatively by many participants for different reasons. A few participants expressed their lack of internal motivation. They felt that they needed an external source of motivation to engage in physical activity. Few played with the idea of having a personal trainer that they would have to explain themselves to and how an outsider opinion would help them to see their situation more clearly.

Engaging in physical activity felt like a big commitment that takes time and effort. Finding ways to incorporate physical activity in their lives has proved to be a challenge since many participants felt their time is spent in taking care of their family and in their children's hobbies.

Physical activity was also associated with negative experiences of physical education at school or during military service. Participants had been forced to engage in an activity they found unenjoyable. When asked about the word association that first comes to mind when physical activity is mentioned one participant replied 'cold sweat' for example.

Participants felt like they did not 'belong' when they were engaging in physical activity because their appearance did not correspond with the image of people who engage in physical activity regularly. There was also controversy over information about physical activity in the media where the flow of information is rapid and feels 'inconsistent' according to participants. They felt like there is an array of information about what kind of physical activity produces best health benefits and what is the sufficient amount of physical activity. Respondents were also concerned with stories of physical activity be-

coming an addiction for certain people. A few participants felt that their health or age had limited their ability to do physical activity that they had enjoyed before. One participant made a notion of how easy it is to forget about physical activity:

Food is something you see right away. It is easy (to decide) everyday if you choose milk that has fat or fat-free milk. That is easy. You sort of forget about physical activity when you do not have to do it every day (to stay alive).

Participants also had positive experiences and perceptions related to physical activity. It was seen imperative to find an activity they enjoyed since having an enjoyable activity played a major part in sticking to physical activity for a longer period. When the activity is fun and enjoyable the doing physical activity part came on the side without even really thinking about it. Similar notions were made about daily health-enhancing physical activities such as taking the stairs instead of an elevator, household chores or gardening. These activities also helped one participant to get satisfaction for achieving something at the same time, for example building a stone fence at his summer cottage.

Participants agreed that it is essential to proceed with small steps and stick to physical activity because results show quickly and have a positive effect on energy levels for example. A number of participants identified their friends or relatives as the reason for why they were engaging in any physical activity at the moment. As one participant summarized:

“You can say no to yourself but you cannot say no to other people because you do not want to let them down.”

Another topic of discussion that generated opinions was physical activity counselling and how healthcare and physical activity professionals should talk about physical activity to their clients to encourage them to include it in their daily lives. Flexibility, holistic approach, credibility and relatability were the most prominent qualities that the participants hoped these professionals would possess.

Flexibility referred to the professional's ability to adjust to every client differently and not offer a similar ready-made template to every client. Each client should be assessed individually, taking their needs and situation into consideration. The physical activity counsellor should adapt their approach according to each respondent's starting level, their past experiences and current life situation. Physical activity counselling was seen as a holistic analysis about physiology and lifestyle. The professional should examine their background, past experiences and attitudes, interests and opinions. The professional should possess good listening skills. The physical activity counsellor or healthcare professional should also acknowledge that they learn from each exercise referral client they encounter and use that to build their expertise in their career. Keeping in mind the target group is the key.

When physical activity and healthcare professionals encourage insufficiently active people to take part in physical activity there was a mixed reception on whether the professionals should address the issue from a positive or negative standpoint. A number of participants felt like physical activity counselling should emphasize the positive aspects of each client's life. Others felt that if they would be told what would be the consequences if they did not change their habits would motivate them more.

When the healthcare professional or physical activity counsellor delivers their message it is fundamental that they convey credibility. Participants thought that the professionals that work with exercise referral clients face a tough challenge as they are required to possess a wide range of competences in different disciplines in order to work with these clients. The participants wished the professional would be able to relate, to show empathy towards them instead of ridiculing or accusing them of their current state. The respondents felt the counsellor should be empathetic and truly immerse themselves into the process, 'putting themselves into the respondent's shoes'. Many participants emphasized the importance of life experience in the physical activity or healthcare professional's ability to relate to their situation. One participant put it bluntly:

(Physical activity counsellor) should be able to understand people's lives. If some 20 to 25-year-old recent sports and fitness graduate dressed up in tight tights comes up to me

with shining eyes and buzzing of excitement and tells me ‘you should listen to me because I know what you should do and start exercising’ it is a lost cause. You know nothing about my life so shut up.

Focus groups interview tapes were interpreted by using the following theories:

- SERVQUAL (reliability, responsiveness, empathy, intangibility and assurance)
- three-divisional quality (technical, functional and interactional)
- sports participant decision making process (external, internal and situational factors)

These theories were chosen for interpreting the focus group interview tapes because they concentrate on the customer’s role in determining service quality. The summarized interpretation findings have been presented in Figure 6.

There were compatibilities between the SERVQUAL elements and the interview tape findings. Reliability refers to the expertise of physical activity and healthcare professionals. They have to have a level of expertise that enables them to work with the physically inactive and insufficiently active target group. They have to be able to have wide range of competences and people skills. Having credibility is a good way to convey trust to the participant.

Responsiveness should show as caring about the customer and especially checking in regularly after acquiring the customer. Some participants felt neglected when they had joined a gym for example and they hoped for more encouragement from the staff. The counsellor should perform follow-up with the respondent to make sure everything is going according to the plan and they are sticking to their physical activity regime. Forming a continuous relationship with the same counsellor throughout the process was vital in order not to waste time in explaining their situation to multiple people. The counsellor should also make sure that there are more than two or three sessions of physical activity counselling as otherwise it is unlikely to achieve long-lasting or permanent results.

Empathy refers to making sure the customer knows they are important to the company. A customer who has been prone to physical inactivity in the past needs all the encouragement from their environment that they can get.

Intangibility refers to all the elements that can make the service more tangible for the customer. In the case of physically inactive target group it is important that the physical activity or healthcare professional is dressed in proper attire and the facilities and equipment do not scare the potential customer away as they already might feel they do not belong in that service environment in the first place. Creating a relaxed and welcoming environment should communicate the customers to come as they are.

Assurance refers to the competence of the staff so that they are able to provide knowledgeable holistic service that takes into consideration the different aspects of the customer's lifestyle.

The respondents thought that good quality is when someone makes sure they are both 'doing things right' and 'doing the right things'. Technical, functional and interactional quality all received attention in the findings. Participants were concerned with the sufficient amount of exercise groups and receiving instructions on how to use equipment in a gym environment or how to perform the exercises correctly. Functional quality referred to how easy services are to find, meaning how much and what information is available about the service (for example municipal exercise groups) and having a breadth of knowledge in physical activity and related fields such as nutrition. Interactional quality comes in the form of individual, personalized service and knowledge of how to encounter a physically inactive customer. Also noting customers' limitations were they health, motivation or time based were seen prominent factors. Following the customer's progress and checking in with them regularly was found significant in reaching more long-term results.

Internal, external and situational factors affecting sports participant decision making process were used in interpreting the participants' motivation towards physical activity. Internal factors included:

- stubbornness for not realizing what is best for the participant
- laziness
- indolence
- 'I do not have to' attitude
- lack of motivation
- bad P.E. memories
- perception (torment, cold sweat).

External factors included:

- cultural factors such as being in good physical shape is a desired state of being
- financial situation
- reference groups include peer encouragement or friendly social pressure from peers
- family can be a limiting factor time-wise but also their opinions and encouragement are key factors in boosting participation.

When it comes to situational factors the participants identified that there are lot of opportunities and appropriate facilities for physical activity in Lahti region. The opportunities were seen as considerably better than in other parts of the country. Social surroundings were also adequate as they felt like their environment very supportive towards physical activity. When it comes to task definition level of commitment was seen as a problem for many participants and hence they were affected by antecedent states, not feeling well or feeling tired for example. Time was usually seen affecting negatively on their participation as they felt there is too little time to do physical activity because of family life or the otherwise busy lifestyle they were leading. Often physical activity encountered competing activities such as watching television at home that felt like a more compelling option.





Figure 6. Focus group interview tape findings interpreted

### 3.6.2 Co-created customer journey

The company customer journeys were based on services that could be included in the physical activity pharmacy in the future. They represent different sectors of the physical activity and wellbeing industry. The company customer journeys were filled as part of a physical activity pharmacy workshop. The companies were asked to fill in the template having a customer of the insufficiently active target group in mind.

Table 1 summarizes the findings of the customer journeys filled by companies. The selected services were different by nature and therefore customers had different ways to enter the service process. They could enter because of a problem elicited by a doctor's referral, need for fitness testing, calling to find out about life change coaching, because of company marketing (promotional event, company contacting the customer) or because of recommendation from someone (word-of-mouth).

Table 2. Summary of companies' customer journeys

Service provider	Service	Customer journey summary
<b>Physiotherapy</b>	Incontinence treatment	Doctor's referral → booking by phone → 1 <sup>st</sup> visit (examination, goal setting) → regular meetings → training at home → last visit (evaluation, feedback, continuation) → refer to exercise group or independent training → bill
<b>Wellness center</b>	Life change coaching	Phone call/word-of-mouth/ company contact → 1 <sup>st</sup> meeting (recommended coaching solution) → signing contract → life change coaching for 3 months → reflection on progress, follow-up assessment → purchasing physical activity services → patronage
<b>Fitness center</b>	Joining	Promotional event → exploring website → membership purchase online → 1 <sup>st</sup> visit (introduction) → independent training → purchasing extra services at the gym
<b>Sports institute</b>	Fitness test	Need for fitness testing → booking by phone → arrival → fitness test → test feedback analysis → physical activity recommendations → agreeing on next test → training at home → new fitness test

Companies had different views on what happens after the initiation phase. Two companies thought the customer will move straight into booking after initiation. After the first consultation with the company it was either time to sign a contract to use the service or make a purchase. The service processes had different durations and as a conse-

quence the touchpoints that occurred after purchase or participation differed depending on the case service. The service process either ended with the customer becoming patron in the company or not returning.

The three customers were asked to recount a recent physical activity service experience and fill it in the customer journey template from start point to the end point. The services chosen were a mix of physical activity and wellbeing services. Each of the services involved long-term commitment. Each customer was also looking for a solution for their problem, whether it was improving muscle strength, making a lifestyle change or losing weight.

After recognizing the problem the customers proceeded in different ways. Anne and Julia learnt about the service through word-of-mouth getting recommendations from their friends. Emma found out about the service through print advertisement that she obtained by post. All three evaluated the service in order to reach a decision to try the service. The evaluation led to first meeting and or purchase. After purchasing and participating each three drew their conclusions about the service process so far. Emma and Julia stayed with the service provider because of their good experience while Anne did not return because of her bad experience.

All participants stated beforehand that customer journey was a familiar method for them. Opinions varied between the companies and customers on what was perceived as being the starting point and the end point of the service. The customers who took part all thought that their starting point to the service process was trying to find a solution to a problem. All three thought they should be doing more physical activity as it would result in a healthier life. Emma admitted that she had been influenced by research results in media that showed that the older she gets the more physical activity she should do to sustain her muscle mass. Anne and Julia both thought that the motivation for them to start physical activity was for them to feel healthier and more energized in the future. Their thoughts were enforced through print advertisement and word-of-mouth. The customers still searched for more information through social media and exploring the website before actually contacting the service provider. This is

where the customer journeys conducted by customers differed from customer journeys filled in by service providers.

Table 3. Summary of customers' customer journeys

Persona	Service	Customer journey summary
<b>Emma</b>	Third sector exercise group	Improve muscle strength → advertisement by mail → evaluation (suitable difficulty level, fits schedule, changing program) → purchase → participation → positive evaluation → patronage
<b>Anne</b>	Personal training	Lifestyle change → word-of-mouth → social media check → 1st phone contact (positive feeling) → 2nd phone contact with different person (agree first meeting, doubtful feeling) → first meeting → negative evaluation → no patronage → telling negatively about the service
<b>Julia</b>	Joining a gym	Weight loss → word-of-mouth → browsing website → phone contact about free trial → check in with receptionist → tour of the gym → free trial → agreeing on a meeting → meeting about options → purchase → patronage

Two out of four companies thought the service process set off because of finding a solution to the problem that were incontinence treatment and fitness testing. The other two companies had influence in creating the customer need (promotional event or company contact). In general companies were a lot faster to move into the first meeting or booking phase whereas the customers thought they would be still considering their options or searching for more information! When the first meeting occurred it was seen as the defining moment for customers and service provider alike.

After the service encounter was over both companies and customers evaluated their experience. If the evaluation was positive customers ended up either repurchasing or having a long-term commitment. Stickdorn and Schneider (2012, 160) note that this is seldom the end of the service process though as the customer is likely to tell about a really good or really bad experience to their friends, family and colleagues or through

social media. The post-service period is central as it has a direct influence on the company's image in the eyes of customers.

Co-created customer journeys were interpreted by the following theories:

- good service criteria (reliability and trustworthiness, professionalism and skills, attitudes and behaviour, accessibility, servicescape and service recovery)
- Sports participation decision making process (5-point decision making process and the internal, external and situation factors in decision making).

These two theories were found most relevant in analysing the customer journeys as they covered the three dimensions of quality adopted for this thesis (technical, functional and interactional). Good criteria of a service overlaps with SERVQUAL and was selected for interpreting the findings because customer journeys and these criteria focus on covering all the three dimensions of quality more widely. The conceptual map for customer journeys' theoretical framework can be found in the attachments as Attachment 3.

Five dimensions of the good service criteria were used in interpreting the customer journeys as they were found relevant to the topic. Reliability and trustworthiness in this case refers to the service provider's ability to deliver what they promise. When the service provider delivered prompt service the customer stayed and when they were not able to perform reliably and trustworthily the customer did not return.

Professionalism and skills received mixed response from the three customers. Anne had high expectations after a friend recommended a personal trainer for her. The first phone contact with the personal trainer was beyond her expectations but when the personal trainer was not able to facilitate her she referred Anne to another trainer in the same company. The second contact with the company left Anne with doubt as the other personal trainer did not seem to be able to relate to her situation as well as the first personal trainer had. The other trainer was not able to facilitate her needs and introduced options that were more suitable to an athlete than a person just starting phys-

ical activity. In the other two cases Julia and Emma found the staff to be professional and possessing the necessary skills to work with them. Emma complimented the instructors of the exercise groups as versatile and being able to demonstrate different variations of exercises and being able to consider people with exercise limitations, for example finding knee-friendly exercises.

Attitudes and behaviour referred to how the staff acted towards the customer and what kind of approaches they adopted. As stated previously Anne felt that the personal trainer had very limited knowledge about working with more physically inactive client and the trainer's attitude and behaviour towards her was not facilitating.

When talking about accessibility all three felt that the service providers had good central locations that were easy to access by using different means of transportation. When it comes to service recovery Emma felt that there had been prompt communication from the service provider if her exercise group had been cancelled for some reason. In Anne's case there was no follow-up done after her bad experience with the company although she had promised to call the company by next week whether she had reached a decision about purchasing the service.

Servicescape dimensions received attention from the three customers. Julia noted the welcoming atmosphere she experienced when she entered the facility but also seemingly cold temperature in the building. The furniture and facilities in general seemed new and materials were of high quality. Both Emma and Anne thought the facilities were clean and the interior design was pleasing to the eye. There was enough space to move and considering the size of the facilities the space had been used efficiently. The servicescape elements enforced the positive experiences of Julia and Emma but did not lift the negative experience for Anne.

The sports participant decision making process consists of five phases that the customer goes through when he or she is making a participation decision. These phases could also be found in their entirety or partly in the customer journeys conducted by customers and companies. In problem recognition there was a discrepancy between

the current and the desired state that initiated the decision making process. The customers were looking for solutions for weight loss, lifestyle change, improving muscle strength or they felt the need for fitness testing or physiotherapy after consulting a doctor. Information search spanned over Internet, print advertisement, promotional event, word-of-mouth and past experiences. When evaluating alternatives the customers were evaluating price, schedule, location, availability, brand promise, servicescape elements and the ease of using the booking system. Participation phase highlighted the servicescape elements, ease of service, the value of first impression (moment of truth), staff friendliness and expertise. In the post-participation evaluation doing the follow-up with the customer, word-of-mouth and positive evaluation that lead to repatronage or negative evaluation that led to not returning were emphasized.

When it comes to internal factors the customers recognized that they expect high quality from the service because of the financial and time commitment they will be making. They also felt guilty about not engaging in physical activity and noted the benefits of being physically active. External influences included recommendations from friends, colleagues and family members through word-of-mouth and also research that had been presented in the media. Situational factors included the good location of the facilities that worked as an incentive to do more physical activity, finding a slot in the schedule so that physical activity can be incorporated in the weekly schedule and antecedent states, for example feeling of fatigue.

### **3.6.3 Reliability**

Research reliability was assessed as it is a central part of the credibility of qualitative analysis. The reliability analysis was based on situational, environmental and motivational factors and also the potential influence that the thesis author could have had in the results. The nature of the research was also a topic for assessing reliability as the focus group interviews for example were not conducted by the thesis author and the decision to make companies and customers fill in the customer journeys themselves.

Focus group interview tapes were collected in a workshop specifically targeted at physically inactive people. The interviews were conducted in an environment where each

participant was encouraged to speak freely about their experiences. The interviewers manoeuvred the discussion to topics that had been agreed beforehand and posed specifying questions. The fact that the interviews were not conducted by the thesis author may have influenced the results as the questions were not chosen by the author. However the questions used in the interview were for the purpose of this research and the topics brought new light into the behaviour of the target group.

Although a few participants referred to the present state of their physical activity it can be argued that all the participants were not at the same level when it came to physical activity. There were participants who were currently inactive and participants who were insufficiently active according to recommendations for physical activity. The participants seemed eager to discuss their experiences with physical activity and a few times the discussion strayed from physical activity to nutrition for example. These notions were excluded from the analysis part as they were not relevant to the analysis.

The focus group interviews aimed to examine attitudes, interests and opinions of the physically inactive target group and clarify what should be done in order for them to become more active. The findings show that these objectives were realized as the participants were able to specify well which factors affect their participation in physical activity. Taping of the interviews ensured that the material was accessible also after the workshop. Similar workshop could be easily conducted again using similar questions to those used in these focus group interview tapes. As a result repeatability of this research is high.

Interpretation of the content material was done utilizing qualitative content analysis methods and the theoretical framework of the thesis. Evaluating the reliability of the interpretation was difficult but correspondence was found between the theory and the findings. However choosing a theory directed or theory bound approach to the content analysis might have limited the evaluation of data too much to the theory perspective.



Stickdorn and Schneider (2012, 160, 374) separated the periods of the service process into three: pre-service period, service period and post-service period. It is evident that the participants of the study would have had a different approach to the task of creating the customer journey if they would have been presented with these periods in the customer journey map. Customer journeys were conducted in a simplified form to ensure the freedom of the thought process and not having to 'think outside the box', the box in this case being the theoretical framework of customer journey by Stickdorn and Schneider (2012, 158-160). The customer journeys by companies were filled up as part of a physical activity pharmacy company workshop. The companies filled up the customer journey canvases within a time limit reserved for the task at the end of the seminar. Even though influences on the task description were kept to a minimum they might have been affected by external reasons such as the time limit or doing the task as the last part of the workshop. The companies were told about the task at the beginning of the workshop but they had not been asked to specifically prepare for the task prior to the workshop. This approach provided an honest depiction of the companies' perception about customer journey process.

The customer journeys by customers were conducted in a different environment in a meeting with the thesis author where only one customer was present at a time. This approach was chosen due to the sensitive nature of the topic to each customer. The customers voluntarily chose to recount their experiences to the thesis author who did her best to maintain sensitivity when asking for specifying questions about the topic. The customers were asked to jot down a customer journey of their choice with pen and paper. They were given the same template to work on as the companies. The template is presented in Figure 5. By asking the customers to fill in the template themselves the thesis author was able to ensure there were no misconceptions between that could have occurred if the thesis author would have filled the template for the customer. The customers were asked to jot down the customer journey as they had experienced it from the very beginning to where the process ended or where they are now with the process. The process of filling the customer journey was free and two respondents wished to recall their experiences orally before they filled in the template. The respondents felt that this helped them to recount the phases of the service process

better and therefore they were given permission to do so. All service experiences were fairly recent and hence it is safe to assume that the respondents remembered all the touchpoints of the service process. The thesis author maintained in the background and let the respondents speak freely only making specifying questions if needed. All the respondents seemed happy to recount their experiences to the author but their antecedent states that the author might not have been aware of could have influenced their thought process. Two respondents were known to the participant prior to the thesis process and consequently they were more inclined to share their experience. The task description was kept brief and neutral as the thesis author asked the respondents to only recount their experience in order to maintain objectivity and not lead the respondents to respond in a certain way.

### **3.7 Finalizing the workbook and the thesis project**

#### **November**

The final version of the workbook was compiled after the focus group interview tapes and customer journeys had been analysed. It was valuable to wait until the analysis had been completed because now the findings of the two methods could be compared to the workbook draft. The early version of the workbook was based on the theoretical framework of service quality and the company workshop on quality.

The final version on the other hand was based on the findings of the thesis research and the theoretical framework. Prominent themes in the thesis research were also included as topics in the final workbook. This way actual customer and service provider experiences were used to bring a more customer-centred approach to the workbook. A comparison of the final workbook titles and their relation to the theoretical framework and thesis research results has been presented in Attachment 6. The table presents the theories and authors related to each workbook title and also in which chapter they have been used in the thesis. The last column links the workbook titles to the thesis research results and in which chapter the results were presented.

The structure of the workbook experienced changes from the draft to the final version. The final workbook begins similarly with an introduction that tells the reader the purpose of the workbook and how it should be used. The introduction emphasizes the importance of on-going quality management process in a service provider's daily operations. The figure depicted in the introduction was added to emphasize the quality aspect of the workbook. The figure was crafted by LADEC prior to the thesis project to depict the different drivers of physical activity pharmacy.

After the workbook introduction there is a short introduction to theory of service quality. Multiple subchapters were replaced with single heading because the theory part was supposed to be a short, concise overview of the three dimensions of service quality with safety and total quality dimensions. The subchapters that were previously thought to improve readability actually decreased it because they disturbed the flow of the text and therefore they were removed.

The chapter on quality assurance in daily operations was reviewed. Service process analysis was changed into reliability. Reacting to changing requirements was changed into flexibility and continuity replaced operational goals. Measuring quality development was added because of LADEC's request. The changes between the draft version and the final version have been illustrated in Figure 7.

Customer journey was moved into the end of the workbook and service blueprinting and references of the workbook were added. Reliability replaced service process analysis because customer journey and blueprinting were added and the author wished to avoid overlapping sections as customer journey and blueprinting are tools that analyse the service process. Reliability was an important addition because the findings of the research showed that insufficiently active customers are more motivated towards physical activity when they are able to form a trustworthy relationship with a physical activity professional. The service provider should also be able to offer what they have promised in a prompt manner.

Operational goals was replaced with continuity as continuity was seen as a prominent theme in the thesis research as stated in subchapter 4.1. Continuity emerged from focus group interview tape analysis as it was an issue for many respondents that they wished they would be serviced by the same service personnel continuously throughout the process. There was also a need for clear operational model for how to deal with service errors.

Reacting to changing requirements was replaced with flexibility. Reacting to changing requirements was originally chosen as it corresponded to the seven good service criteria (Grönroos 2009, 89-90) but the theme was not found as prominent in the thesis research. Flexibility was also found in the SERVQUAL framework (Parasuraman 1991, 420) with the difference that it was also found as a theme in the thesis research. As a result flexibility was chosen to be included in the final workbook.

Adding the measuring quality development was a request from LADEC as they wished to provide service providers examples of tools they could use for measuring the quality of their services. One of the workbook's principles is to cement quality management as an on-going process that needs to be revisited from time to time also after completing the workbook. The tools introduced in the measuring quality development section should help service providers to make measuring quality an on-going process.

After a brief introduction on the topic in the assuring quality in daily operations chapter there is a checklist that presents concrete examples on how a particular aspect of quality should be realized on a daily basis. The topic proceeds with an open question that challenges the service provider to reason their choices related to the topic. Each topic ends with a speech bubble that summarizes with a few sentences how the topic is relevant from a customer perspective. The introduction has been included to avoid confusion and make sure the reader understands what the author means when she talks about 'availability' for example. The checklist that follows each section of the quality assurance in daily operations chapter aims to make the companies evaluate which aspects of that section have been realized in the company and which aspects still need to be developed. The ten questions that accompany each section were chosen to summa-

size the section in question and make the service providers respond with their own words. The speech bubbles have been included to draw direct line to results of the thesis research.

<b>Draft</b>	<b>Final</b>
<b>Quality opportunity</b>	<b>Quality opportunity</b>
<b>Physical activity pharmacy quality certificate</b>	<b>Physical activity pharmacy quality certificate</b>
Three-divisional quality	<b>Quality assurance in daily operations</b>
Technical	1. Competence
Functional	2. Availability
Interactional	3. Attitude
Total quality	4. Communication
Safety	5. Reliability
<b>Customer journey of a health-enhancing physical activity service</b>	6. Flexibility
<b>Quality assurance in daily operations</b>	7. Continuity
1. Competence	8. CRM
2. Availability	9. Reputation credibility
3. Attitude	10. Measuring quality development
4. Communication	<b>Customer journey of a health-enhancing physical activity service</b>
5. Service process analysis	<b>Service blueprinting</b>
6. Reacting to changing requirements	<b>Sources</b>
7. Operational goals	
8. CRM	
9. Reputation credibility	

Figure 7. Quality workbook table of contents changes from draft to final version

Customer journey template was adapted from Stickdorn and Schneider's model. The customer journeys that were filled by potential future physical activity pharmacy service providers revealed that they were not always familiar with the pre-service and post-service events in the customer journey process. Stickdorn and Schneider's model separates these stages and challenges the service provider to reflect on what the customer goes through before the actual service period takes place and what happens after the service period. Blueprinting was introduced as an evolved tool from customer journey as it includes more levels that operate at the same time within the service production process. Blueprinting is a way to make the companies evaluate their services comprehensively. References were added in the end of the workbook to provide the reader

with a context and source material for further information about service quality and service design.

The final version of the workbook can be found as Attachment 8. The thesis author hands over this version to LADEC to be used as the content of the physical activity pharmacy quality workbook and to be transformed into online and print versions. The visual layout for the publication will be finalized before it is launched as part of the physical activity pharmacy platform by the end of December.

Physical activity pharmacy is currently going through a test run where test users who are service providers, physical activity counsellors and healthcare professionals are able to log in and test use the platform. When the physical activity pharmacy online platform is officially launched it can be found under the domain [www.liikunta-apteekki.fi](http://www.liikunta-apteekki.fi) and the visual layout of the platform has been presented in Attachment 4.

After completing the abovementioned parts of the thesis process description the author reflected on the whole project in the Discussion chapter. The chapter was divided into several parts to provide clarity on which subject in particular the reflective discussion refers to. The reflection was written in the third week of November before the thesis was handed over to the supervisor, opponent and the commissioning company.

The thesis was presented on November 25 after which it was reviewed for one last time and then handed over for evaluation.

## 4 Discussion

The discussion part of the thesis examines the results of the focus group interview tapes and co-created customer journeys and evaluates the reliability of the research. Then the thesis process is discussed and choices for the thesis process and the workbook are analysed in more detail. The evaluation criteria that were set in subchapter 1.2 are compared against the product and the results achieved. The discussion part ends with concluding remarks about the thesis project and development ideas for future projects and research.

### 4.1 Results summary

The findings of both co-created customer journey and focus group interview tape analysis support the notions that were introduced by Lawrence (2013) and Harmokivi-Saloranta (2012) in Chapter 2.1 about the needs of physically inactive target group. The findings also support separating interactional quality under functional quality for the purpose of the thesis and the workbook.

Physical activity is a sensitive issue for people that do not engage in it regularly. They might have had bad experiences about physical activity in the past in school, during their military service or they might have injuries or health issues that limit participating in physical activity. Physical activity might not have been regarded important in their childhood because of the different order of society that was not as strongly built around sedentary lifestyle as nowadays. The members of this target group feel the outside pressure that is being pointed at them by the media and the society to be fitter and healthier.

Both previous research and research conducted for this thesis shows that even though few members of the target group feel guilt about their inactive state they do not have the means or motivation to tackle the issue on their own. They hope for an intervention, an external source of motivation either in the form of their friends or relatives or physical activity or healthcare professional. For this target group making a decision to lead a healthier lifestyle is already a big step because of the sensitive nature of the sub-

ject in their lives. That is why it is imperative to provide health-benefiting physical activity services that are physically, socially and psychically safe in order to engage the members of the target group.

Physical activity and healthcare professionals should examine their clients individually and provide customized solutions that consider the lifestyle and life stage of that particular client. The solution should extend beyond their client's physical activity history when prescribing physical activity as medicine. There are often underlying reasons that explain physical inactiveness. Members of this target group are especially looking for someone who is able to relate to their situation. It is up to the personality of the client whether positive or negative message framing works better. People who are just starting physical activity might feel insecure to participate in physical activity in an environment where people seem to be in better physical condition than they are. They need support and assurance from their service provider that they are welcomed as they are and they are valued by the service provider. If the customer feels like they are not appreciated for any reason they are quick to vote with their feet and not return to the service. This sheds bad light on the service provider as the customer is likely to tell more people about their bad experience than a good experience they had.

## **4.2 Thesis process**

The thesis process began properly in the beginning of September with meetings with both the commissioning party and the HAAGA-HELIA supervisor. Schedule was the issue to consider as the thesis would have to be completed in less than three months to have graduation in the end of December. All three parties considered the schedule as a challenge. Since the author had completed all other courses for the degree programme prior to starting the work on thesis and was not working at the moment the tight schedule was seen possible to execute.

Operating with such a tight schedule had both benefits and downsides. The tight schedule was beneficial in a way that it set a clear timeframe in which the thesis would have to be completed and the schedule would have to be followed rigorously in order to complete the project in time. The downside to the tight schedule was the limited



amount of time for idea generation in the beginning and limited time to reflect at the end of the process. If the author were to begin the thesis process from the start three months would feel like a more adequate duration for the project than two and a half. Despite of the tight schedule the project did not feel rushed and the thesis author feels content about the end result.

The material used for the theoretical framework was mostly from both Finnish and international sources and the references used were up-to-date or verified theories in their respected fields. The older theories that were used have been referred to in recent publications in the field and are still current. For example using SERVQUAL in measuring quality in the physical activity and wellbeing industry was justified because it is still the most widely used quality measurement tool in the physical activity and wellbeing industry and because a more widely recognized model is yet to be developed.

The theoretical framework started out as very much concentrated on service quality and measuring service quality. It was highly beneficial for the end result of the thesis that the theoretical framework was expanded to include the physically inactive target group because now existing research could be compared to research conducted for this thesis. The similarities were not unexpected but the amount of correspondence between the results was surprising to the thesis author. This goes to show that it was relevant to implement focus group interview tape and customer journey analysis as data collection methods for the thesis.

Analysing previously recorded focus group interview tapes provided valuable insight into the motivations and needs that drive the target group and confirmed findings of the existing research. Analysing the focus group interview tapes was a challenging task because of the author's limited experience on qualitative research. Transcribing the tapes was a good way to form a big picture of the comments and it helped the author to find recurring themes in the tapes that were then easier to organise into categories. Customer journey was a more familiar method to the author and therefore it was easier to analyse than focus group interview tapes. Interpreting both the customer journeys and focus group interview tapes using existing research was a good way to bridge the

gap between theory and practice and find connections between notions that existed in both previously existing research and research conducted solely for the purpose of the thesis.

### **4.3 Workbook process**

The workbook format was chosen for the thesis because LADEC wished to have an interactive approach that the companies would actively work on as a part of their eligibility as service providers for the physical activity pharmacy. The workbook is focused on providing a positive take for managing service quality and offering solutions and ideas on how to improve their quality management and how to supervise it on their own initiative. The workbook gave the companies a chance to evaluate their service processes when working with physically inactive or insufficiently active people. LADEC provided feedback on several occasions in the course of the thesis project. LADEC supervisors were satisfied with the end result.

The content consideration for the workbook started in the end of September after the company workshop on quality. A debrief was organised with LADEC to assess the content of the workshop and companies thoughts on quality. This was the point when the content for the quality workbook slowly started to form. LADEC presented their idea on the interactive, solution-centred nature of the workbook that was still called quality handbook at that time. It was the thesis author's request to name the final product a workbook because of the approach that was adopted for the workbook. The focal point of the workbook creation process was realizing that the originally chosen approach was very company-centred. Service providers need to be aware of their target group's needs and wishes and therefore applying a more customer-centred approach of the workbook benefited the end result.

The thesis project implemented tools that can be used to develop the quality of services specifically in the physical activity and wellbeing industry. The physical activity and wellbeing industry in Päijät-Häme region and in Lahti is characterized by entrepreneurs that are passionate about their companies and the services they provide. This workbook was developed to provide service providers with tools to develop their ser-

vices and ensure the quality of their services as an on-going process. Quality workbook for physical activity pharmacy serves as an on-going quality measurement tool that they can return to when changes and new developments occur.

LADEC has given feedback on the final version of the workbook and they have expressed their satisfaction on the final version of the workbook. The workbook content has been carried out according to their wishes and there is a good balance between quality theory and practical exercises. The content is compact and concise enough without leaving anything important out. The approach presents basic theory of service quality but also ensures a high level of practicality that the companies will be able to utilize in their daily operations when examining and evaluating service quality.

#### **4.4 Evaluating success**

At the start of the thesis process the author set evaluation criteria to evaluate the success of the thesis process. These criteria included:

1. The workbook will be used by LADEC as a part of the MOTION! project physical activity pharmacy's key measure on quality insurance.
2. The project examines the needs of the target group to implement a customer-centric approach in the workbook.
3. The project will be completed within the set timeframe.
4. The project achieves its goal and objectives.

The first criterion has been realized as LADEC will be using the quality workbook as a key measure on quality insurance when the physical activity pharmacy is being officially launched in the end of December 2013. LADEC has expressed their satisfaction on the content of the workbook and they have stated the workbook has turned out how they hoped it would.

The second criterion has been met in form of reviewing existing research and conducting research specifically for the needs of this thesis. The customer-centric approach has

been emphasized in the final product. The service providers have been encouraged to adopt a customer-centred approach in the workbook.

The project operated with a tight schedule but nevertheless it was completed within the set timeframe. LADEC will be able to use the final product when they launch the physical activity pharmacy in the end of December. Graduation will also take place in December as planned.

The project achieved its goal as content was successfully created for the workbook. Objectives considered the service providers' ability to evaluate their services with the help of the workbook, providing service quality and service design tools to increase the perceived quality of customer experience and adapting a positive solution-centric approach that is mindful of the needs of the physically inactive and insufficiently active target group. Both LADEC and the author evaluate that service providers will be able to evaluate the quality of their services based on the solution-centred approach adopted for the workbook. As the workbook is yet to be released into the service providers' use they have not been able to provide feedback on the content. The workbook offers tools that will increase the perceived quality of customer experience if the service provider takes time to adopt them into daily use. The workbook content takes into consideration the target group by specifying the needs of the target group in the theory part of the workbook and in the exercises where the target group is emphasized continuously.

#### **4.5 Concluding remarks and development ideas**

The thesis project has been a true learning experience in terms of project and time management. As previously stated the project operated with a very tight schedule that put the thesis author's time management skills into a test. Despite of the tight schedule both the thesis author and the commissioning company consider the project a success.

LADEC obtained a tool that will be used to serve as the key measure of quality insurance in the MOTION! project. This project has provided the author with valuable insight into working as a part of a project that promotes physical activity and wellbeing.

The project has strengthened the author's desire to pursue a career in the physical activity and wellbeing industry in the future and developed skills and competence that will be valuable assets in the industry.

Projects are a result of cooperation between different parties. The author would like to acknowledge supervisors Heidi Freundlich and Isto Vanhamäki from LADEC and supervisor Leena Grönroos from HAAGA-HELIA for their continuous support and guidance during the thesis project. This project was successful because of the continuous flow of information and the successful cooperation between all parties.

As stated in Chapter 3 there still remains a lack of consensus how service quality should be measured in this industry. This implies the need for further research as defining a widely accepted system for measuring service quality would serve the constantly growing physical activity and wellbeing industry. Even by starting by reviewing the existing models on service quality in the physical and wellbeing industry would warrant for a research topic.

Also surveying the needs of the physically inactive and insufficiently active could act as a thesis topic on its own. It has been noted before that physical inactivity is a growing pandemic in Finland and worldwide. The extent of the problem has to be examined in more detail first in order to find workable solutions.

Physical activity pharmacy is a pilot project that will be established as a tool for healthcare professionals in public and private sectors and municipal physical activity counsellors. For example quality requirements should be revisited from time to time to react to changing requirements from the insufficiently active target group. The quality workbook has been constructed with both physical activity and wellbeing services in mind but if the MOTION! project would expand into other regions or into national level there could be a need for several workbooks that are separate for physical activity and mental health services for example. The next phase of the MOTION! project would be to include occupational health care in the physical activity pharmacy. Includ-

ing a new operator in the system implies that existing practices of the physical activity pharmacy should be reviewed.

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## Attachments

Attachment 1. Focus group interview questions in Finnish

### Koulutus- ja kehittämiskeskus Palmenia, Lahti Terveysliikunnan focus group- workshop kysymyspatteristo

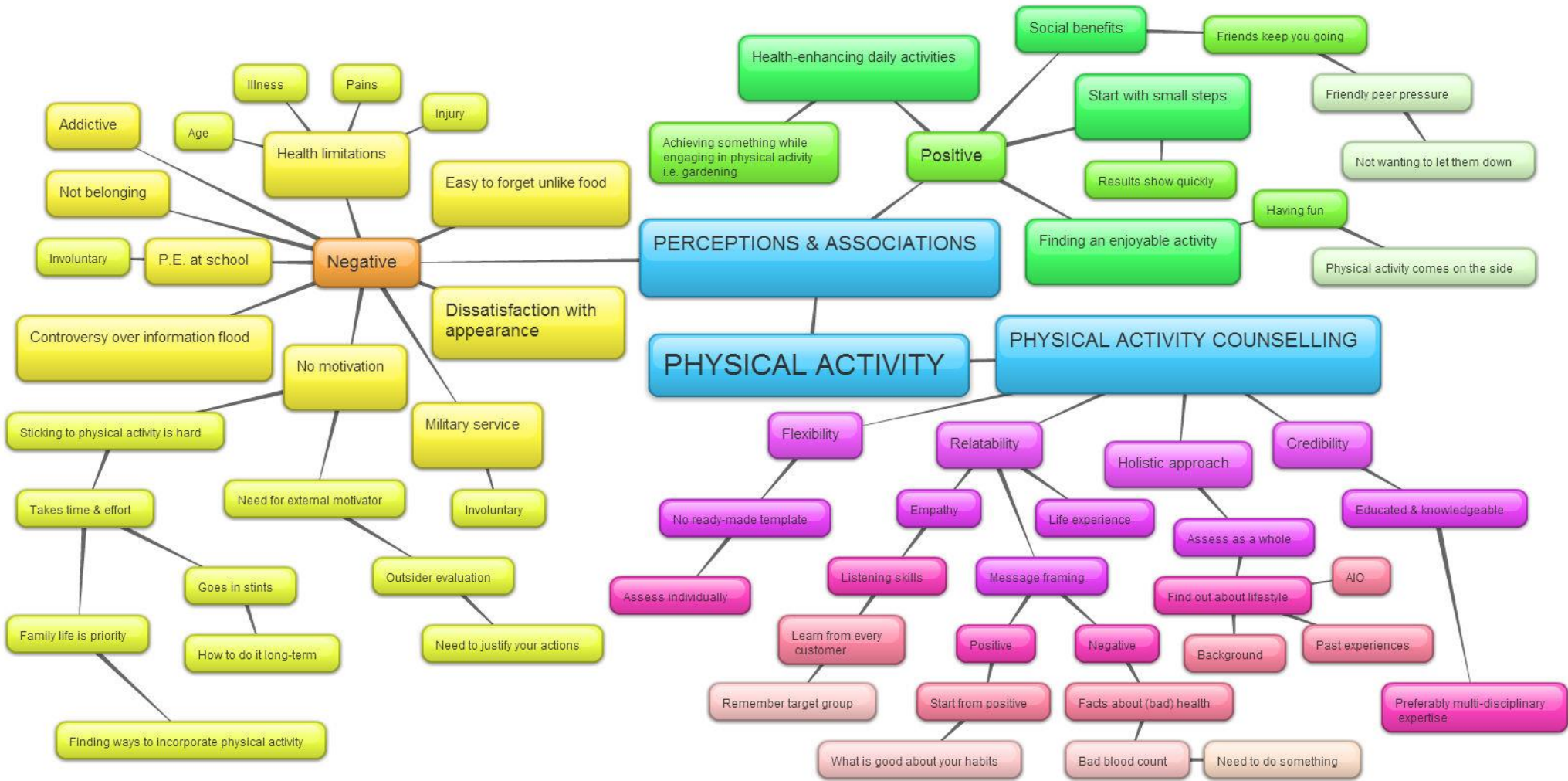
#### Focus group 1.

1. Mitä ajattelette kun joku sanoo sanan 'liikunta'? Mitä tulee mieleen?
2. Mitä tulee mieleen sanasta liikuntaneuvonta?

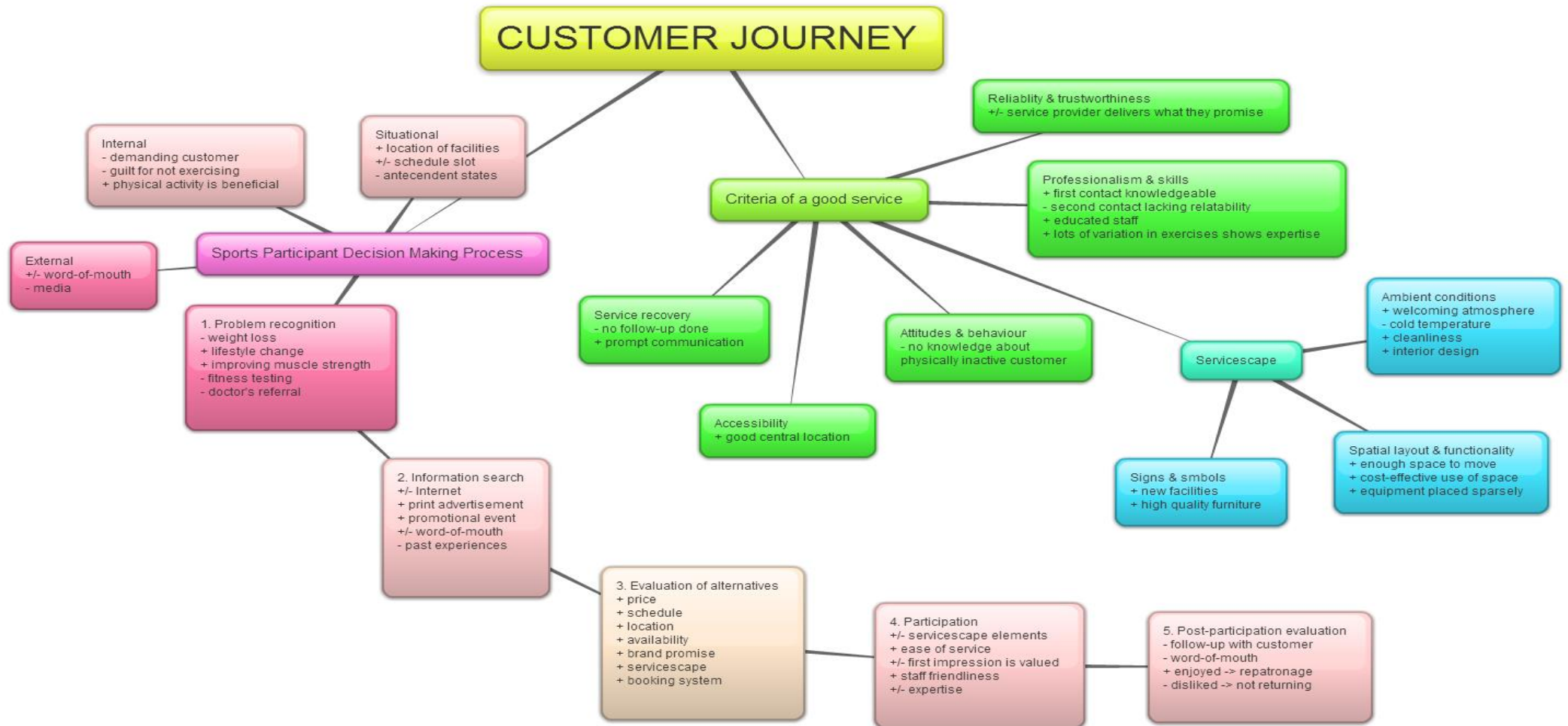
#### Focus group 2.

3. Mitä teille tulee mieleen sanasta 'liikunta'?
4. Millainen on laadukas liikuntapalvelu?
5. Miten liikuntaneuvoja voi viestittää omasta asiantuntijuudestaan?

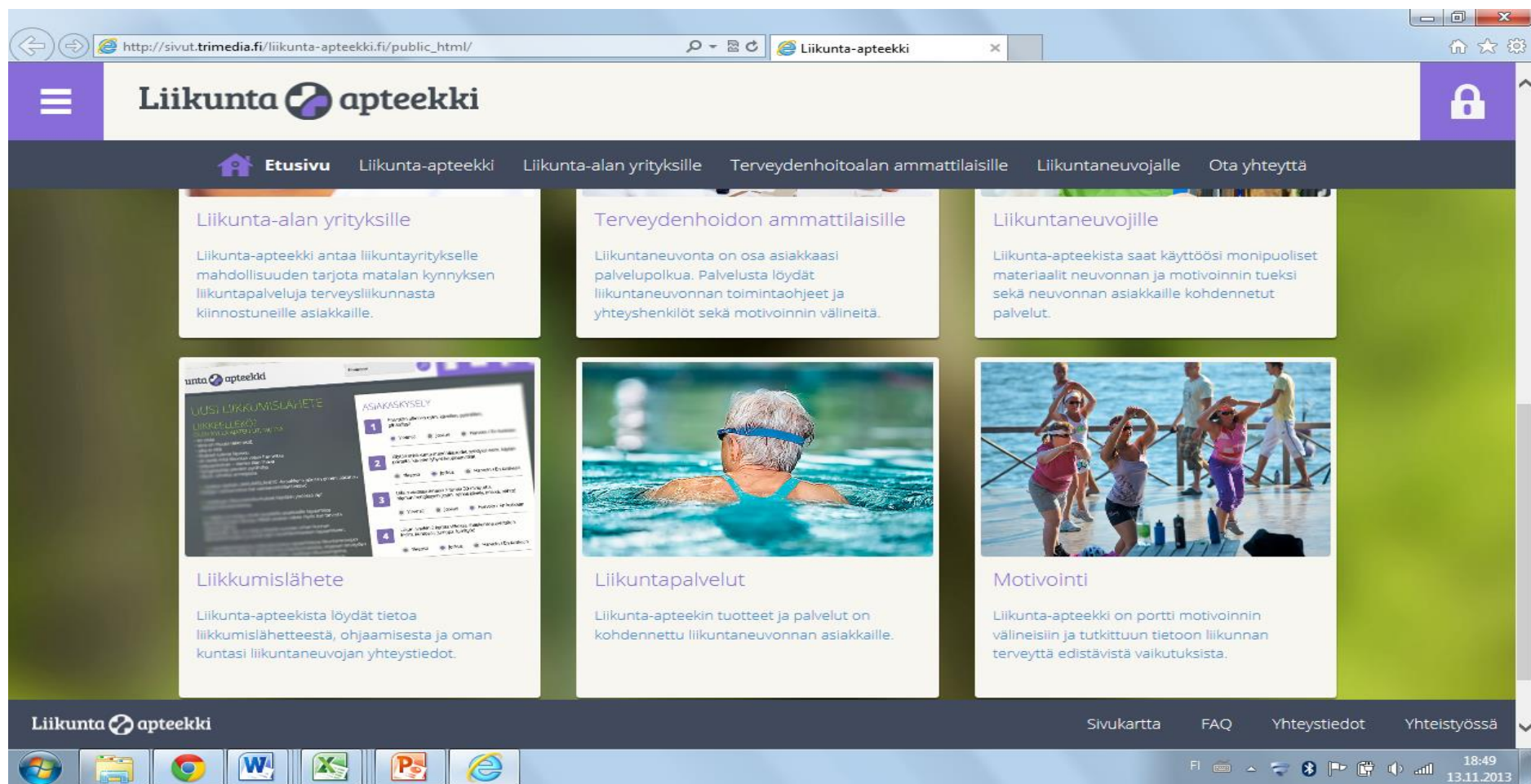
Attachment 2. Focus group themes conceptual map



Attachment 3. Customer journey theoretical framework conceptual map



## Attachment 4. Physical activity pharmacy layout





## Attachment 5. Project plan

Thesis project plan																											
Activity	Week																										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	24	25	26	27	28
Initial meeting at LADEC																											
Topic confirmation																											
Work Placement in Canada																											
Supervisor confirmation																											
Initial meeting with Haaga-Helia supervisor																											
Commissioning agreement																											
2. meeting at LADEC: schedules, subject narrowing																											
3. meeting at LADEC: company workshop on quality																											
4. meeting at LADEC: debrief of workshop																											
Planning of methods																											
Finalised Project Plan to supervisor																											
Information search and reading, writing data basis																											
5. meeting at LADEC: check on progress																											
2. meeting with HH supervisor: theoretical framework																											
6. meeting at LADEC: data basis discussion																											
Field work (practical development of quality workbook)																											
7. meeting at LADEC: quality workbook draft																											
3. meeting with HH supervisor: target group needs																											
Writing thesis																											
Customer journey collection + focus group tapes																											
Data analysis, results and conclusions																											
4. meeting with HH supervisor: data analysis																											
5. meeting with HH supervisor: results																											
8. meeting at LADEC: feedback on quality workbook																											
Draft copy (a complete work) to supervisor and opponent																											
Creating slides and abstract																											
Thesis presentation + maturity test																											
Changes based on opponent & supervisor feedback																											
Thesis assessment																											
Assessment report to student affairs office																											
Graduation																											

Attachment 6. Workbook, theoretical framework and research results comparison

Quality workbook content	Theory	Author / Source	Chapter in thesis	Reference to results in thesis
<b>Quality opportunity</b>	Sports Participant Decision Making Process Service quality	Schwarz, Shank  Grönroos Research results	2.1.2  2.2 3.6	3.6.2
<b>Physical activity pharmacy quality certificate</b>	Servicescape Division of quality Physical inactivity Division of quality Physical inactivity	Bitner Grönroos Harmokivi-Saloranta Lehtinen and Lehtinen Lawrence	2.2.2 2.2.1 2.1 2.2.1 2.1.1	4.1, Attachment 3.
<b>Quality assurance in daily operations</b>				
<b>1. Competence</b>	Good quality service criteria	Grönroos	2.2	4.1, Attachment 2.
<b>2. Availability</b>	Good quality service criteria	Grönroos	2.2	4.1
<b>3. Attitude</b>	Good quality service criteria SERVQUAL	Grönroos Parasuraman et al.	2.2 2.2.3	4.1
<b>4. Communication</b>	Division of quality	Grönroos, Lehtinen and Lehtinen	2.2.1	3.6.1, Attachment 2.
<b>5. Reliability</b>	Good quality service criteria SERVQUAL	Grönroos Parasuraman et al.	2.2 2.2.3	Attachment 2.
<b>6. Flexibility</b>	Good quality service criteria SERVQUAL	Grönroos Parasuraman et al.	2.2 2.2.3	3.6.1
<b>7. Continuity</b>	SERVQUAL Division of quality	Parasuraman et al. Grönroos	2.2.3 2.2.1	4.1, Attachment 2.
<b>8. CRM</b>	SERVQUAL Good quality service criteria	Parasuraman et al. Grönroos	2.2.3 2.2	3.6.1
<b>9. Reputation credibility</b>	Good quality service criteria	Grönroos	2.2	Attachment 2.
<b>10. Measuring quality development</b>	Service quality	Grönroos LADEC	2.2	3.7
<b>Customer journey of a health-enhancing physical activity service</b>	Customer journey Co-creation	Stickdorn & Schneider Harmokivi-Saloranta, Leminen et al.	2.3.2 2.3.1	3.6.2
<b>Service blueprinting</b>	Blueprint	Bitner, Ostrom & Morgan	2.3.3	3.6.2

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Laadun kolmijako.....	
Tekninen laatu .....	
Toiminnallinen laatu .....	
Vuorovaikutuslaatu.....	
Kokonaislaatu .....	
Turvallisuus.....	
Laadukkaan terveystoimintapalvelun polku.....	
Laadun arviointi yrityksen arjessa.....	
Tietotaito (henkilöstö).....	
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Asenne .....	
Kysymys 3.....	
Viestintä.....	
Kysymys 4.....	
Reagointi muuttuviin vaatimuksiin .....	
Kysymys 5.....	
Palvelutapahtuman analyysi .....	
Kysymys 6.....	
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## Laatu on mahdollisuus

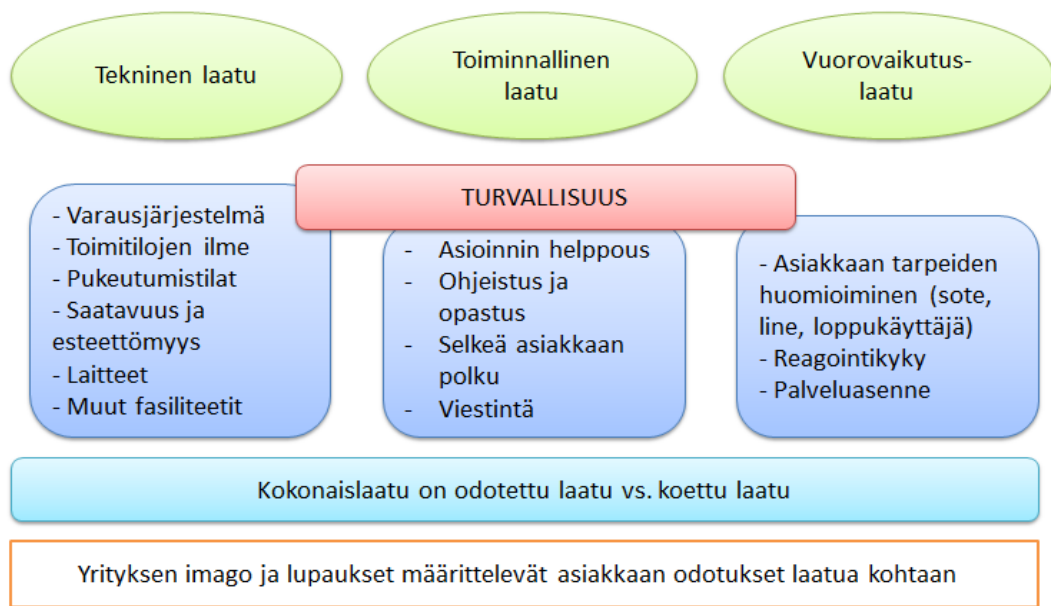
Liikunta-apteekin laatusertifikaatti on osa LIKETTÄ! hankkeen laatuosakokonaisuutta, jonka tarkoituksena on liikunta-apteekkiin tarjottavien palveluiden laadun varmistus yrityksesi arjessa. Laatu on odotus asiakkailtasi. He kohtaavat elämässään haasteita, joihin he etsivät ratkaisuja yrityksesi tuomien palveluiden kautta. Palvelun laatu muotoutuu asiakkaan odottamasta laadusta sekä koetusta laadusta. Liikunta-apteekkiyrityksen laatu-työkirja on työkalu, joka on tarkoitettu herättelemään yritystäsi pohtimaan toimintaansa erityisesti asiakkaan laatukokemukseen vaikuttavien tekijöiden näkökulmasta. Työkirja on koottu yrityksiltä, asiakkailta sekä laatu tutkimuksesta saadun tiedon pohjalta. Työkirja keskittyy laatu tekijöihin matalan kynnyksen palvelun käyttäjät huomioiden.

Työkirjan alussa on esitelty laadun kolme ulottuvuutta eli pilaria sekä niitä läpileikkaava turvallisuus ja osa-alueet kokoava kokonaislaatu. Tämän jälkeen siirrytään pohtimaan miten laatu varmistetaan yrityksen arjessa. Osio koostuu kymmenestä osatekijästä, jotka yrityksen pitäisi ottaa huomioon tuottaakseen laadukkaan matalan kynnyksen palvelun. Kymmenen osatekijää esitellään ensin omissa osioissaan, minkä jälkeen yrityksellä on mahdollisuus pohtia laadun toteutumista arvioimalla esitettyjä väitteitä. Lopuksi vastaan avoimeen kysymykseen aiheesta miten nämä tekijät toteutuvat sinun yrityksessäsi. Näiden osa-alueiden jälkeen kirjassa esitellään kaksi palvelumuotoilun työkalua palvelun mallintamiseksi ja laadun varmistamiseksi: asiakkaan polku sekä palvelun mallinnus eli blueprinting.

Haasta itsesi työkirjan avulla tarkastelemaan palveluidesi laatua, sillä laatu on mahdollisuus, jota et voi jättää käyttämättä.



## Liikunta-apteekkiyrityksen laatusertifikaatti



Laadun kolme pilaria ovat tekninen, toiminnallinen ja vuorovaikutuslaatu. Laadun kolmijako perustuu Grönroosin teoriaan laadun toiminnallisesta ja teknisestä ulottuvuudesta. Vuorovaikutuslaatu päätettiin erottaa omaksi pilarikseen toiminnallisen laadun alta, koska erityisesti matalan kynnyksen terveyst- ja liikuntapalveluiden tuottamisessa vuorovaikutuksen merkitys on erityisen suuri. Tekninen, toiminnallinen ja vuorovaikutuslaatu sekä kaikille osa-alueille ulottuva turvallisuus sanelevat palvelun kokonaislaadun, joka muodostuu odotetusta laadusta ja koetusta laadusta.

Tekninen laatu koostuu muun muassa varausjärjestelmästä, toimitilojen ilmeestä, laitteiden turvallisuudesta, pukeutumistiloista, varusteista, oheispalveluista sekä saatavuudesta että esteettömyydestä. Tekninen laatu vastaa kysymykseen 'mitä?' tehdään laadun varmistamiseksi. Tekninen laatu on toiselta nimeltään lopputuloslaatu ja se onkin näkyvin osa palvelua. Tekniseen laatuun liittyvät paikkaan liittyvät käsitteet, kuten toteutusympäristö ja palvelun tuottamisessa tarvittavat välineet sekä tekniset ratkaisut, joiden avulla palveluprosessin toteutus onnistuu.

Toiminnallinen laatu koostuu asioinnin helppoudesta, ohjeistuksesta, viestinnästä sekä asiakkaan polussa haasteen havaitsemisesta uudelleenostoon. Toiminnallinen laatu vastaa kysymykseen 'miten?' laatu varmistetaan. Edellä mainitut asiat ovat tärkeä osa yrityksen palveluilmapiiriä. Toiminnallinen laatu mittaa myös asiakkaan samanaikaisesti kokeamia tuotanto- ja kulutusprosesseja. Mahdollisia epäonnistumisia tai virheitä ei ole mahdollista korjata, koska tuotanto ja kulutus tapahtuvat yhtä aikaa.

Vuorovaikutuslaatuun kuuluvat asiakkaan tarpeiden huomioiminen ja niihin reagoiminen sekä palveluasenne asiakasta kohtaan. Vuorovaikutuslaatu kattaa vuorovaikutuksen asiakkaan ja henkilökunnan välillä. Vuorovaikutuslaatu sisältää eniten epävarmuustekijöitä ja epäonnistuu siksi herkemmin kuin tekninen tai toiminnallinen laatu. Vuorovaikutuslaatu on hyvin riippuvainen henkilöstön ominaisuuksista sekä ulkoasusta ja käytöstavoista. Laadun varmistamiseksi yrityksen pitäisi panostaa henkilökunnan perusteelliseen ohjeistukseen, jotta arvojen mukainen palvelutoiminta on mahdollista.

Turvallisuus korostuu erityisesti matalan kynnyksen terveysliikuntapalveluissa. Turvallisuus on laatusertifikaatissa käsite, joka ulottuu kaikkiin kolmeen laadun pilariin ja jonka pitäisi olla johtotähtenä palvelua suunniteltaessa ja mallinnettaessa. Terveysliikuntapalvelun on oltava psyykkisesti, fyysisesti ja sosiaalisesti turvallinen, jotta se voidaan määritellä laadukkaaksi.

Tekninen, toiminnallinen ja vuorovaikutuslaatu yhdessä luovat yritykselle imagon, josta muodostuu koetun laadun kokemus. Toisaalta kokonaislaatuun vaikuttaa myös odotettu laatu, joka muodostuu myynnin, markkinoinnin, suusanallisen viestinnän, imagon sekä asiakkaan tarpeiden, odotusten ja arvojen pohjalta.

## Laadun arviointi yrityksen arjessa

### Tietotaito

Riittävä tietotaito viittaa yrityksen osaamiseen kokonaisuutena. Toiminnan tunteminen ja vahvojen osaamisalueiden määrittäminen sekä heikompien alueiden kehittäminen on tärkeä tunnistaa. Henkilökunta ja yrityksen johto ovat sosiaali- ja terveys- tai liikunta-alaan koulutettuja ja terveellä ammattitaidolla varustettuja. Oman osaamisen jatkuva kehittäminen on mahdollisuus, ei haaste. Asiakas saa palvelua koulutetuilta alan ammattilaisilta.

- ☐ Hyvinvointiosaamisemme riittää matalan kynnyksen palveluiden tuottamiseen.
- ☐ Osaamme huomioida erityisryhmän tarpeet.
- ☐ Tuntemme toiminta- ja kilpailuympäristömme hyvin.
- ☐ Olemme tuotteistaneet palvelumme huolella kohderyhmän tarpeet huomioiden.
- ☐ Tuntemme asiakasryhmämme.

*Kysymys 1. Miten erityisosaamisemme liitetään matalan kynnyksen palvelutoimintaan?*

#### *Asiakkaan näkökulmasta...*

Kokonaisvaltainen osaaminen korostuu. Asiantuntijuus näkyy monialaisena tietotaitona liikunnasta, terveydestä ja ravinnosta.



## Saavutettavuus

Palvelun saavutettavuus koostuu muun muassa asioinnin helppoudesta, ohjeistuksesta toimipaikan löytymisessä ja ohjeistuksesta palvelutapahtuman suhteen. Ajan tasalla oleva nettisivut ovat käytännölliset ja helppokäyttöiset. Ajanvaraus on tehty vaivattomaksi ja yritys on aktiivisesti mukana sosiaalisessa mediassa. Toimipaikkaan on pääsy monia kulkuvälineitä käyttäen.

- ☐ Meillä on ajan tasalla olevat nettisivut.
- ☐ Olemme sosiaalisessa mediassa.
- ☐ Toimipaikallamme on helppo tulla liikennevälineestä riippumatta.
- ☐ Olemme ohjeistaneet miten meidät löytää.
- ☐ Palveluiden hinnasto on selkeästi esillä ja asiakas ymmärtää mihin hän sitoutuu ostaessaan palvelun.

*Kysymys 2. Mitä kanavia käyttämällä asiakas löytää meidät?*

### *Asiakkaan näkökulmasta...*

Palveluun pitää olla helppo tulla. Hyvää, keskeistä sijaintia arvostetaan, kun palvelua valitaan. Palvelusta pitää olla tarpeeksi ajankohtaista tietoa, johon asiakkaan on helppo päästä käsiksi.

## Asenne

Palveluasenne näkyy yrityksen jokapäiväisessä elämässä, asiakaskohtaamisissa palveluhenkisyytenä ja ylpeytenä omasta vahvasta asiantuntijuudesta palvelua tuotettaessa. Kaikki yrityksen toimijat toimivat yhteisymmärryksessä parhaan asiakaskokemuksen tuottamiseksi. Yrityksen toiminnalla on periaatteet, jotka ottavat huomioon erityisryhmän tarpeet.

- ☐ Haluamme tuottaa korkealaatuisia hyvinvointipalveluita.
- ☐ Asiakas kohdataan positiivisella asenteella välttämättä ennako-oletuksia asiakkaan tilanteesta.
- ☐ Toimintaamme ohjaavat omien intressiemme lisäksi yhteiskunnalliset intressit liikunnan ja hyvinvoinnin lisäämiseksi ihmisten elämässä.
- ☐ Meillä on pitkäjännitteinen suunnitelma palveluliiketoiminnalle.
- ☐ Kaikki yrityksemme toimijat tietävät, mihin periaatteisiin toimintamme perustuu.

*Kysymys 3. Miten määrittelemme asiakaskeskeisyyden?*

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### *Asiakkaan näkökulmasta...*

Asiakkaan kohtaaminen oikein on äärimmäisen tärkeää.

Ensivaikutelma syntyy väistämättä, mutta ennako-oletuksia kannattaa tehdä harkiten. Liikkumattomuus on usein hyvin monisyinen asia asiakkaan elämässä.

## Viestintä

Yritys viestii asiakkaansa kanssa erilaisten markkinointikanavien kautta ja kasvotusten. Viestintä on kaksisuuntaista ja asiakkaan ilmaisema palvelukokemus vaikuttaa suoraan yrityksen markkinointiin. Yritys toimii täsmällisesti ja johdonmukaisesti ilmoittaessaan mahdollisista muutoksista palveluihinsa.

- ☐ Kommunikoimme asiakkaan kanssa myös palvelutapahtuman ulkopuolella.
- ☐ Kommunikointi asiakkaan kanssa ei pääty palvelutapahtumaan.
- ☐ Jos asiakas sanoo palaavansa asiaan, häneen otetaan yhteyttä, jos asiakkaasta ei kuulu määräpäivään mennessä.
- ☐ Aikataulumuutoksissa tai peruutuksissa asiakasta informoidaan ajoissa esim. tekstiviestillä, puhelinsoitolla tai sähköpostilla.
- ☐ Palvelun viestiä personoidaan asiakasryhmän mukaan.

*Kysymys 4. Mitä keinoja asiakkaalla on kommunikoida yrityksemme kanssa?*

### *Asiakkaan näkökulmasta...*

Yrityksen kommunikointi luo heti ensikontaktista lähtien tietyn mielikuvan asiakkaalle yrityksestä. Asiakas odottaa selkeyttä viestinnässä ja sitä, että yritys viestii asiakkaan kanssa lupaustensa mukaisesti.

## Luotettavuus

Yrityksen luotettavuus rakentuu pitkälti asiakkaan kokemukseen yrityksen luotettavuudesta. Luotettavuus on hyvän palvelun tae, johon asiakas peilaa omaa palvelukokemustaan, kun hän miettii palvelun käyttämistä uudelleen tai esimerkiksi sitoutumalla yritykseen jäsenenä.

- ☐ Teemme, mitä olemme määritelleet asiakslupauksessamme.
- ☐ Meidät valitaan useammin kuin kilpailijamme, koska olemme luotettavia.
- ☐ Pystymme tuottamaan palvelumme luotettavasti kerta toisensa jälkeen – sattumalla ei ole sijaa prosessissa.
- ☐ Olemme saaneet hyvää asiakaspalautetta luotettavuudestamme.
- ☐ Luotettavuus on tärkeä osa toiminta-ajatustamme.

*Kysymys 5. Mikä on palvelulupauksemme?*

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### *Asiakkaan näkökulmasta...*

Luotettavuus on avainasemassa, jotta asiakas uskaltanut käyttää palvelua. Luotettavuus rakentuu riittävälle asiantuntijuudelle. Asiakas kokee palvelun turvallisesti käyttää.

## Joustavuus

Hyvin suunniteltu on puoliksi toteutettu. Tästä huolimatta palveluissa ilmenee usein poikkeamia tai virheitä, jotka muuttavat palveluprosessia ei-halutulla tavalla. Palvelun tuottamisen vaatimukset saattavat myös muuttua asiakkaiden vaatimusten tai toimintaympäristön vaatimusten muuttuessa. Näihin muutoksiin reagointi joustavasti tilanteen mukaan on olennainen osa yrityksen laadun varmistamista.

- ☐ Olemme varautuneet asiakkaan palvelutarpeiden muuttumiseen.
- ☐ Meillä on selvät pelisäännöt siitä, miten reagoimme palvelussa ilmeneviin virheisiin.
- ☐ Seuraamme jatkuvasti oman toimintaympäristömme muutoksia.
- ☐ Asiakkaan toiveita ja vaatimuksia peilataan omaan toimintaan säännöllisesti.
- ☐ Laadun varmistus arvioidaan uudelleen, jos vaatimukset muuttuvat.

*Kysymys 6. Miten reagoimme palvelussa ilmeneviin virheisiin?*

### *Asiakkaan näkökulmasta...*

Palveluntarjoajan pitäisi olla joustava muuttuvien vaatimusten mukaan ja tehdä arvio jokaisesta asiakkaasta yksilönä, välttämättä kaavamaisista yksilöimätöntä lähestymistapaa.

## Jatkuvuuden turvaaminen

Laadunhallinta on jatkuva prosessi, joka jatkuu myös laatutyökirjan läpikäymisen jälkeen. Yrityksen tavoitteellinen toiminta on tärkeä osa laadunvarmistusta. Kun yritys tietää mihin on suuntaamassa, on helpompi tehdä myös pidempiaikaisia suunnitelmia laadun varmistamiseksi ja jatkuvuuden turvaamiseksi. Yrityksen jatkuva halu kehittää palveluitaan turvaa jatkuvuutta palvelutuotannossa.

- ☐ Meillä on jatkuva halu kehittää osaamistamme ja palveluitamme paremmiksi.
- ☐ Asiakkailla on mahdollisuus jatkuvaan kontaktiin saman henkilön kanssa koko palveluprosessin aikana.
- ☐ Jos asiakkaan kontaktihenkilö vaihtuu, hänen tietonsa välitetään uudelle kontaktihenkilölle niin yksityiskohtaisesti kuin tilanne sallii.
- ☐ Voimme oppia jokaiselta asiakkaalta palveluita kehittäessämme.
- ☐ Meillä on kirjatut tavoitteet palvelutoiminnallemme.

*Kysymys 7. Miten varmistamme jatkuvuuden palvelun tarjonnassa?*

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### *Asiakkaan näkökulmasta...*

Palveluntarjoaja koetaan turvallisemmaksi, kun asiakas pystyy samaistumaan kontaktihenkilöönsä tai ohjaajaansa. Jatkuvuuden kannalta olisi parasta, että asiakas saa asioida mahdollisimman paljon saman henkilön kanssa.

## Asiakkuuden hoito

Asiakkuuden hoito viittaa tarvittaviin toimenpiteisiin, jotta asiakas valitsisi sinun yrityksesi ensimmäisen tutustumiskerran jälkeen. Asiakkuuden hoito on luottamuksellisen suhteen luomista ja asiakkaan tärkeyden osoittamista ja huomioimista varsinaisen palvelutilanteen aikana ja sen päättyttyä.

- ☐ Reagoimme asiakkaan kokemukseen heti palvelutilanteen päättyessä.
- ☐ Meillä on tapana kerätä ja analysoida palautetta.
- ☐ Asiakkaalle välittyy kuva meistä välittävänä yrityksenä, joka huomioi asiakkaan myös ensikosketuksen jälkeen.
- ☐ Kysymme neuvoa hyvistä toimintamalleista saman alan toimijoilta.
- ☐ Autamme saman alan toimijoita kehittämään palveluitaan pyydettyäessä

*Kysymys 8. Miten saamme asiakkuuden jatkumaan ensikosketuksen jälkeen?*

### *Asiakkaan näkökulmasta...*

Asiakas haluaa kokea olevansa tärkeä yritykselle asiakkuutensa aikana. Asiakkaalle on tärkeää, että yritys näyttää tämän asiakkaalle myös ensikosketuksen ja asiakkuuden hankinnan jälkeen.

## Maine

Voidaan sanoa, että yrityksen maine on asiakkaan silmissä. Yrityksen mainetta on mahdollista mitata esimerkiksi arvioimalla kuinka paljon lisäarvoa palvelu tuottaa asiakkaan elämään tai onko asiakkailla tapana suositella palvelua eteenpäin omalle verkostolleen. Tyytymätön asiakas kertoo palvelusta eteenpäin huomattavasti useammalle ihmiselle kuin tyytyväinen asiakas. Hyvä maine auttaa myös uusien asiakkaiden hankinnassa, koska toisen kuluttajan mielipiteellä on suuri merkitys.

- ☐ Palvelumme tuottaa lisäarvoa asiakkaan elämään.
- ☐ Asiakkaamme suosittelevat palveluamme eteenpäin.
- ☐ Asiakkaamme käyttävät palveluamme useammin kuin kerran.
- ☐ Henkilökunnan vaihtuvuus on pientä.
- ☐ Mainetta suunnitellaan, rakennetaan, vahvistetaan ja suojellaan.

*Kysymys 9. Millaiseksi asiakas mieltää palvelumme?*

### *Asiakkaan näkökulmasta...*

Yrityksen maine rakentuu asiakkaan silmissä aiempien kokemusten, ystävien ja tuttavien kertomusten sekä vertaisarviointien kautta netissä.



## Laadun kehittymisen mittaus

Laadun kehittymisen mittausta voi tehdä monin erilaisin menetelmin, esim. kirjallisella ja suullisella palautteella, havainnoimalla aistinvaraisesti, miltä tuntuu hymynaama-kyselyllä, valitsemalla kahdesta vaihtoehdosta (oliko palvelu hyvää vai huonoa) esim. laittamalla palloja kahteen eri koriin, sähköisesti nettisivuilla tai sosiaalisessa mediassa, palauteseinällä, peukalo ylös tai peukalo alas jumppatunnin jälkeen, yrityksen itsearvioinneilla jne.

- ☐ Meillä on kriteeristö, jonka mukaan arvioimme laatua.
- ☐ Laadunhallinta on yrityksessämme jatkuva prosessi.
- ☐ Käytämme enemmän kuin yhtä laadun kehittymisen mittaustapaa.
- ☐ Laadun kehittymisen mittaus tuo lisäarvoa asiakkaan palvelukokemukseen.
- ☐ Viestimme palautteista ja niihin reagoinnista asiakkaillemme.

*Kysymys 10. Miten mittaamme laadun kehittymistä?*

### *Asiakkaan näkökulmasta...*

Yritys osoittaa kiinnostusta laadun kehittymistä ja asiakkaan mielipidettä kohtaan, kun yritys kysyy palautetta palvelustaan. Asiakkaan on tärkeä nähdä, että annetulla palautteella on vaikutusta yrityksen toimintaan.

## **Laadukkaan terveysterveysliikuntapalvelun polku**

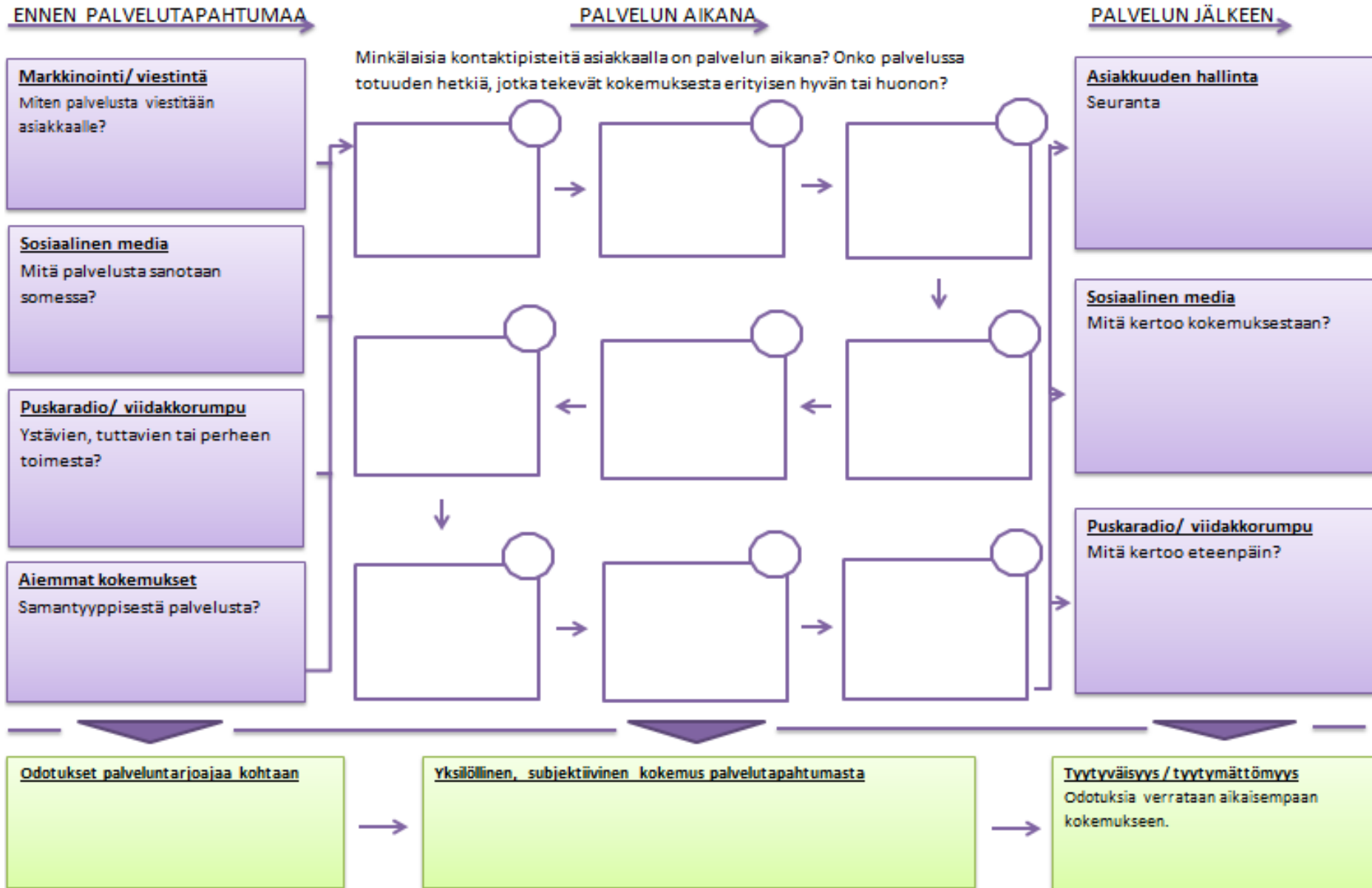
Asiakkaan polku on hyvä tapa asettua hetkeksi asiakkaan asemaan ja tarkastella palveluprosessia asiakkaan näkökulmasta. Asiakkaan saapuminen palvelun pariin alkaa jo paljon aikaisemmin kuin palvelua varatessa. Miten asiakas löytää palvelusi luokse ensitilassa on hyvin riippuvainen siitä, mitkä ulkoiset, sisäiset tai ympäristölliset tekijät vaikuttivat hänen päätöksentekoonsa.

Asiakkaan palvelukokemus alkaa jo siitä, kun hän tiedostaa haasteen, johon hän hakee palvelulla ratkaisua. Haasteen tiedostamiseen yritys voi vaikuttaa markkinoimalla palveluitaan kohderyhmälle ja näin auttaa asiakasta etsimään ratkaisua ongelmalleen. Asiakas saattaa myös saada suosituksen palvelusta sosiaaliselta verkostoltaan, peilata aikaisempia kokemuksiaan samantyyppisestä palvelusta tai etsiä arvioita palvelusta netistä sosiaalisen median kautta. Paljon ehtii siis tapahtua ennen varsinaisen palvelutapahtuman alkua.

Palvelutapahtuman aikana asiakas varaa tai ostaa palvelun, jonka jälkeen hän tulee sisään palveluun. Palveluvaihetta saattaa edeltää odotusvaihe. Palveluvaiheessa asiakkaalle muodostuu (ensi)vaikutelma palvelusta ja palveluntarjoajasta.

Asiakkaan kokemukseen vaikuttaa olennaisesti itse palvelutapahtuma ja sen tuottamat kokemukset. Asiakas arvioi saadun kokemuksen, jonka jälkeen mahdollisesti kertoo kokemuksestaan eteenpäin. Yrityksen on siis pystyttävä vaikuttamaan sekä ennen palvelutapahtumaa, palvelun aikana ja palvelun jälkeen tapahtuviin asioihin saadakseen asiakkaan tulemaan uudelleen tai suosittelemaan palvelua. Palvelutapahtuman jälkeen on erityisen tärkeää järjestää seuranta ja palata asiaan, jos asiakas jostain syystä jättää saapumatta toiste (Stickdorn & Schneider, 2011).

## MATALAN KYNNYKSEN TERVEYSLIIKUNTAPALVELUN POLKU (STICKDORN & SCHNEIDER 2013)



## Palvelun mallinnus blueprint-menetelmällä

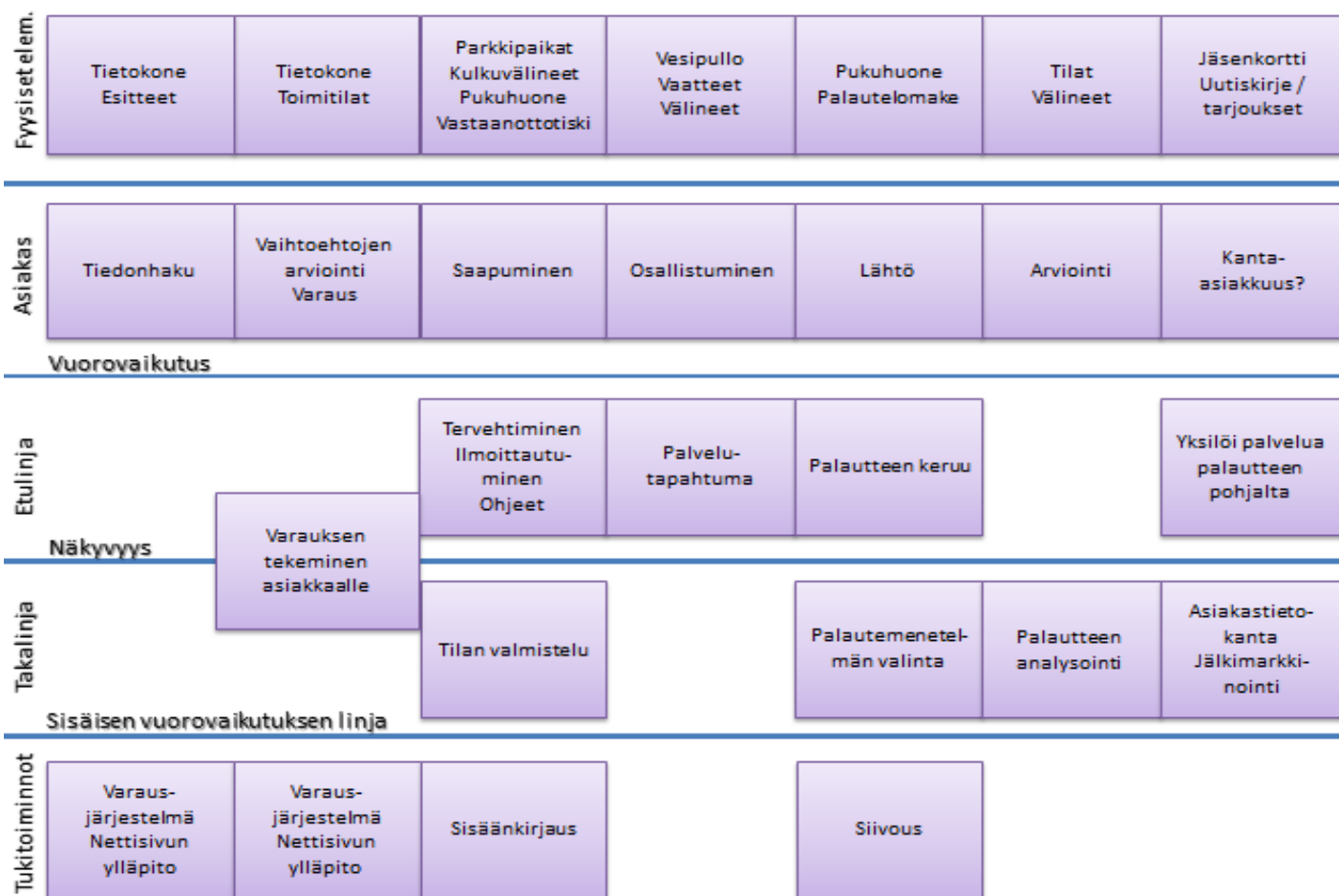
Palvelun mallinnus eli blueprinting haastaa yrityksesi niin ikään pohtimaan palveluprosessiasi asiakkaan näkökulmasta, mutta asiakkaan polusta poiketen prosessin tasoja on lisätty. Blueprint on hyvä mallinnuskeino, kun arvioidaan palvelua kokonaisuutena, sen vahvuuksia ja sudenkuoppia. Blueprintissä on palvelusta riippuen neljä – viisi tasoa, jotka sisältävät asiakkaan suorittamat toiminnot, asiakkaalle näkyvät (etulinja) ja näkymättömät toiminnot (takalinja), tukitoiminnot sekä fyysiset elementit. Asiakas arvioi palvelun laatua pääasiassa näkemänsä perusteella, mutta myös näkymättömien tukitoimintojen pitää olla kunnossa, jotta sujuva palveluprosessi onnistuu.

Asiakkaan suorittamat toiminnot ovat muodostuvat palveluprosessin pisteistä eli asiakkaan polusta. Kaikki toiminnot, joissa asiakas on kontaktissa palveluntarjoajan edustajan kanssa, ovat asiakkaalle näkyviä hetkiä. Asiakkaan toimintojen ja asiakkaalle näkyvien toimintojen välissä on vuorovaikutusraja, jonka asiakas ylittää olemalla kontaktissa palveluntarjoajan kanssa. Aina kun raja ylittyy, syntyy totuuden hetkiä, jotka määrittelevät asiakkaan kokemaa palvelun laatua. Takalinja ja tukitoiminnot ovat asiakkaalle näkymättömiä toimintoja. Nämä toiminnot tukevat asiakkaalle näkyviä toimintoja. Esimerkiksi palvelun varaus voidaan tehdä asiakkaalle näkymättömästi, kun hän varaa puhelimella ajan. Näkyvyyden raja etu- ja takalinjan välillä määrittää sen, kuinka paljon asiakkaalle on näkyvissä palvelutuotantoprosessista ja kuinka paljon hän on läsnä, kun palvelua tuotetaan. Tukitoiminnot ovat prosesseja, joita ilman palvelua ei voitaisi suorittaa. Sisäisen vuorovaikutuksen linja erottaa tukitoiminnot asiakkaalle kontaktihenkilöiden suorittamista näkyvistä ja näkymättömistä toiminnoista (Oksanen, 2010).

8 kohtaa blueprintin toteuttamiseen mukaillen Bitner, Ostom & Morgan (2008):

1. Tunnista mikä palvelu tai prosessi kuvataan blueprint-menetelmällä ja mikä käsittelyn tavoite on.
2. Määrittele blueprintin kohde.
3. Sovella blueprint-mallia oman yrityksesi tarpeisiin. Poista turhia tasoja tai lisää kontaktipisteitä. Muista asiakkaan näkökulma!
4. Kuvaile miten valittu palveluprosessi tyypillisesti etenee miettimättä liikaa harvinaisempia poikkeamia prosessissa.
5. Aloita kontaktihenkilöiden toiminnoista ja siirry sen jälkeen tukitoimintoihin.
6. Lisää palvelun fyysiset elementit blueprintiin.
7. Kehitä suosituksia toteuttamiseen ja seurantamenetelmä blueprintille määrittellemillesi tavoitteille.
8. Toteuta blueprint yrityksesi arjessa.

MATALAN KYNNYKSEN TERVEYSLIIKUNTA-PALVELUN BLUEPRINT MUKAILLEN BITNER, OSTROM & MORGAN (2008)



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